

Forssa hospital

Please fill in this form, sign it and take it with you to the maternity hospital.

Familyname and fornames		Date of birth and identity number
Marital status <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> common-law marriage <input type="checkbox"/> separated <input type="checkbox"/> widow <input type="checkbox"/> divorced		
Profession		
Address		Telephone number, mobile phone, work
Municipality of residence		
Father's name		Father's date of birth
Contact person if not the father of the baby		
The address of the father or contact person		Telephone

Family diseases <input type="checkbox"/> 1. diabetes <input type="checkbox"/> 3. asthma <input type="checkbox"/> 5. handicapped <input type="checkbox"/> 7. hereditary diseases <input type="checkbox"/> 2. hypertension <input type="checkbox"/> 4. congenital malformations <input type="checkbox"/> 6. allergy <input type="checkbox"/> 8. something else				
The diseases of the mother <input type="checkbox"/> 1. diabetes <input type="checkbox"/> 5. asthma <input type="checkbox"/> 9. allergy <input type="checkbox"/> 12. thyroid gland disease <input type="checkbox"/> 16. gynaecological diseases <input type="checkbox"/> 2. hypertension <input type="checkbox"/> 6. epilepsy <input type="checkbox"/> medicine <input type="checkbox"/> 13. kidney or liver disease <input type="checkbox"/> 17. something else <input type="checkbox"/> 3. heart disease <input type="checkbox"/> 7. anemia <input type="checkbox"/> food <input type="checkbox"/> 14. mental disease <input type="checkbox"/> 4. urine infections <input type="checkbox"/> 8. rheumatism <input type="checkbox"/> 10. venereal diseases <input type="checkbox"/> 15. neurological disease <input type="checkbox"/> 11. operations				
When and where treated <input type="checkbox"/> Medical treatment				
Special diet				

K-HKS 1178B.3.15 (Intra / Lomakkeet / S)

Kanta-Häme hospital district
Hämeenlinna
 Maternity unit
 Ahvenistontie 20
 13530 Hämeenlinna
 Appointment 12.00 – 14.00
 Tel. 03 629 2103

Forssa hospital
 Maternity unit
 Urheilukentänkatu 9, PL 42
 30101 Forssa
 Tel. 03 4191 3422

Earlier labours	Year	Where	Pregnancy weeks, sex, weight, health	Something special in earlier pregnancies or labours	
Miscarriages	Year	Where	Pregnancy weeks	Treatment	
Height Weight	Height cm		Weight before the pregnancy kg		
Menstruation	Last menstruation date			Due date	
Contraception	<input type="checkbox"/> IUD		taken off	<input type="checkbox"/> Other	
	<input type="checkbox"/> The pills		finished		
Artificial insemination	<input type="checkbox"/> IVF		<input type="checkbox"/> Hormonal		
	<input type="checkbox"/> Insemination		<input type="checkbox"/> Else		
Smoking	Mother		Father		
	<input type="checkbox"/> no, finished (date)		<input type="checkbox"/> no, finished (date)		
Intoxicants	<input type="checkbox"/> Alcohol		<input type="checkbox"/> not during the pregnancy		<input type="checkbox"/> weekly
	<input type="checkbox"/> Drugs		<input type="checkbox"/> never		<input type="checkbox"/> daily
The name proposal	Girl			Boy	
Wishes to the maternity ward					
	If asked is it allowed to give any information				
	<input type="checkbox"/> Yes <input type="checkbox"/> To no one <input type="checkbox"/> Only to:				
<input type="checkbox"/> I let Kanta-Häme hospital district ask for the data of my earlier labours.					
<input type="checkbox"/> I don't let Kanta-Häme hospital district ask for the data of my earlier pregnancies.					
_____ . _____ .20 _____					
_____ Signature _____					