

PREGNANT APPOINTMENT CHECKLIST

DATE _____



WHAT TO TRACK BEFORE YOUR VISIT

FIRST DAY OF YOUR LAST PERIOD. _____

SYMPTOMS YOU ARE HAVING. _____

CURRENT LIST OF MEDICATION(S). _____

QUESTIONS TO ASK YOUR DOCTOR

- WITH MY CURRENT CONDITION(S), DO YOU BELIEVE THIS PREGNANCY IS HIGH-RISK?
- IF SO, PLEASE FURTHER EXPLAIN WHAT THE PROCESS WILL LOOK LIKE.
- ARE THERE ANY MEDICATIONS I AM CURRENTLY ON THAT I NEED TO STOP TAKING?
- HOW DO YOU EXPECT THE PREGNANCY TO AFFECT MY CONDITIONS?

NOTES/SUMMARY

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