



DESERT BLOSSOM
WOMENS CARE™

PREGNANCY INTAKE

Height _____ Pre-pregnancy weight _____ Age over 35 at time of expected delivery _____

Any medications taken since last period (including vitamins, herbs)

Recreational drug use, tobacco use, alcohol use since last period

Rash or viral illness since last period

Partner or personal history of herpes yes no Live with pets no yes, type _____

Religious beliefs/practices _____ Recent travel outside of US _____

Partner's Name _____ **Date of birth** _____

Occupation _____ **Is the father involved?** _____

Please check if personal and/or father of baby has family history of the following (and list who is affected)

Condition	Side of Family Maternal or Paternal	Person affected (i.e. mother, father sister, brother, cousin, etc.)	Condition	Side of Family Maternal or Paternal	Person affected (i.e. mother, father, sister, brother, cousin, etc.)
<input type="radio"/> Thalassemia			<input type="radio"/> Neural Tube defect		
<input type="radio"/> Congenital Heart Defect			<input type="radio"/> Downs Syndrome		
<input type="radio"/> Tay-Sachs			<input type="radio"/> Canavan disease		
<input type="radio"/> Sickle cell disease/trait			<input type="radio"/> Hemophilia or other blood disorders		
<input type="radio"/> Muscular dystrophy			<input type="radio"/> Cystic Fibrosis		
<input type="radio"/> Mental Retardation/Autism			<input type="radio"/> Fragile X		
<input type="radio"/> Metabolic Disorder			<input type="radio"/> 3 or more miscarriages		
<input type="radio"/> Still birth			<input type="radio"/> Exposure to TB		
<input type="radio"/> Other genetic/Chromosomal disorders			<input type="radio"/> Other		



I, the undersigned, freely give to Desert Blossom Women’s Care, and their legal representatives, successors, and all persons, organizations, or corporations acting with their permission unrestricted permission to copyright and/or use, and/or publish photographic portraits or pictures of my child. This includes all the negatives, transparencies, prints, videotapes, or digital information pertaining to them, whether that be in still, single, multiple, moving or video, sounds, and/or audio format. This also includes those which my child may be included in whole, in part, in composite, and/or distorted in form. Reproductions thereof, in color or otherwise, made through any media, websites, emails, elsewhere for art, and/or any other lawful purpose are also released.

I hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with an image of my child, or the use to which it may be applied. I further release Desert Blossom Women’s Care or others for whom he/she is acting, from any claims for remuneration associated with any form of damage, foreseen or unforeseen, associated with the proper commercial or artistic use of these images unless it can be shown that said reproduction was intentionally, maliciously caused, produced, and published for the sole purpose of subjecting myself or my child to conspicuous ridicule, scandal, reproach, scorn, and indignity. This release was willingly signed and I certify that I am the legitimate parent or legal guardian of the child, and am free and able to give such consent.

Child’s Name _____

Account Number _____

Parent’s Name _____ Contact Number _____

Parent’s Signature _____ Date _____

Parent’s Name _____ Contact Number _____

Parent’s Signature _____ Date _____

Parent’s Email(s) _____