

# MY PREGNANCY

**I FOUND OUT I WAS PREGNANT**

**DATE:**

**CONFIRMED:**

pregnancy test

ultrasound



**MY EXPECTED DUE DATE:**



**I WANT TO GIVE BIRTH AT:**



**MY FIRST APPOINTMENT WAS**

**DATE:**

**PROVIDER:**



**MY INSURANCE:**



**MY SUPPORT NETWORK:**



**IN AN EMERGENCY I WILL...**

**CALL:**

**GO TO:**



# MY PREGNANCY GOALS

WHAT I WANT FOR MYSELF IS...



WHAT I WANT FOR MY BABY IS...



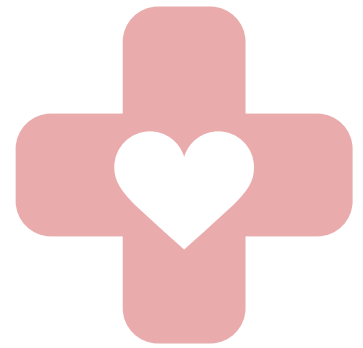
I NEED MORE INFORMATION ABOUT...



WHAT I NEED to REACH MY GOALS



# MY PRENATAL CARE



## APPOINTMENTS

**PROVIDER:**

**DATE:**

office visit  call

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office visit  call

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office visit  call

**PROVIDER:**

**DATE:**

office visit  call

**PROVIDER:**

**DATE:**

office visit  call

**PROVIDER:**

**DATE:**

office visit  call

**FOLLOW UP:**

After this appointment I will...

**REFERRALS:**

I should make an appointment with...

**NOTES:**

# PRENATAL APPOINTMENTS



PROVIDER:

DATE:

office visit  call

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**REFERRALS:**



## MY POSTPARTUM CARE

### 6-WEEK APPOINTMENT

PROVIDER:

DATE:

If I have questions I can

**CALL:**

### MY PLAN

My goal for another pregnancy is:

My choice for birth control is: