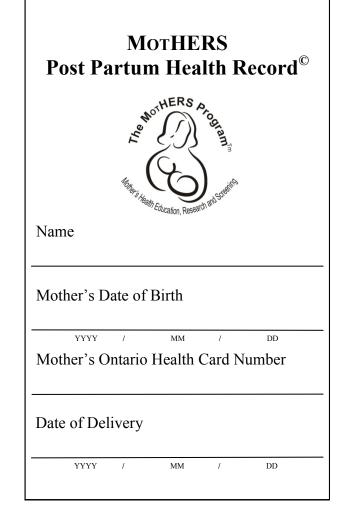
Pregnancy-Related Cardiovascu Risk Indicators	lar
Preeclampsia	
Gestational Hypertension	
Gestational Diabetes	
Gestational Impaired Glucose Tolerance	
Placental Abruption	
Excessive Weight Gain in Pregnancy	
Preterm Birth	
Intrauterine Growth Restriction	

If you are unsure whether you experienced any of the above complications during this or a previous pregnancy ask your family physician or obstetrician at your next follow up appointment.

For assistance filling out any section of the health record and/or for definitions of terms used in the health record please visit:

www.themothersprogram.ca

Personal and Family History	
With which ethnicity do you identify?	
☐ African	
☐ Asian	
Southeast Asian	
Metis/First Nations/Inuit	
Other	-
Are you a smoker?	Yes / No
Personal history of heart attack or stroke?	Yes / No
Personal history of high blood pressure?	Yes / No
Personal history of diabetes?	Yes / No
Family history of preeclampsia (toxemia) or high blood pressure in pregnancy ?	Yes / No
Family history of high blood pressure?	Yes / No
Family history of heart attack or stroke?	Yes / No
Family history of diabetes?	Yes / No



Tour baby sencek-ups and minumzations are a great time to fin out this record with your doctor: Reep this form with your baby s minumzation record for an easy reminuer.											Terrinaer.				
Recommended Health Check-Up Schedule															
Time Since Delivery	Date of Completion (yyyy-mm-dd)	Weight ^a (lbs or kg)	Waist Circumference (cm)	Body Mass Index ^b (kg/m ²)	Blood Pressure (mmHg)	Activity Level (sedentary/mild/ moderate/ strenuous)	Breast- feeding (Yes/No)	2 Hour 75g OGTT ^c (mmol/L)	HDL ^d (mmol/L)	LDL ^d (mmol/L)	Choles- terol ^d (mmol/L)	Triglyc- erides ^d (mmol/L)	Glucose ^d (mmol/L)	High Sensitivity CRP (mg/L)	
6 Weeks															
2 Months															
4 Months															
6 Months								Fasting 1 Hour 2 Hour							
12 Months															
Pre-preg	Pre-pregnancy Weight ^a lbs or kg Current Medications														
Weight at Delivery ^a lbs or		lbs or kg	6 Weeks		6 Months	6 Months 12 M			12 Months			 a - Please circle the units used b - BMI = Weight in kg / (Height in metres)² c - Recommended for women who developed 			
Goal Weight for 6 Months Post Partum ^a			lbs or kg								gesta d - E	ational diabetes Blood work show mum of a 12 ho	during their p ald be comple	bregnancy	
Height ^a inches o		inches or cm													

Your baby's check-ups and immunizations are a great time to fill out this record with your doctor! Keep this form with your baby's immunization record for an easy reminder.