



Does he know you are pregnant?  Yes  No

Birth Father's Name \_\_\_\_\_

Describe the involvement you anticipate from the birth father while you are pregnant:

\_\_\_\_\_

**Previous Pregnancies**

1<sup>st</sup> Pregnancy: \_\_\_\_\_/\_\_\_\_\_  carried to term  miscarriage  stillbirth  abortion  
mo/yr conception or birth

Describe any complications: \_\_\_\_\_

2<sup>nd</sup> Pregnancy: \_\_\_\_\_/\_\_\_\_\_  carried to term  miscarriage  stillbirth  abortion  
mo/yr conception or birth

Describe any complications: \_\_\_\_\_

3<sup>rd</sup> Pregnancy: \_\_\_\_\_/\_\_\_\_\_  carried to term  miscarriage  stillbirth  abortion  
mo/yr conception or birth

Describe any complications: \_\_\_\_\_

4<sup>th</sup> Pregnancy: \_\_\_\_\_/\_\_\_\_\_  carried to term  miscarriage  stillbirth  abortion  
mo/yr conception or birth

Describe any complications: \_\_\_\_\_

If you have children, who has custody and what arrangements will be made for your children if you decide to stay at MMH? \_\_\_\_\_

\_\_\_\_\_

**Medical:**

\_\_\_\_\_  
Name of General Practice Physician (\_\_\_\_\_) Phone Number

Please list current medications:	Dosage	Reason	Dates
_____	_____	_____	_____/____/____ to ____/____/____
_____	_____	_____	_____/____/____ to ____/____/____
_____	_____	_____	_____/____/____ to ____/____/____

Please list previous medications:	Dosage	Reason	Dates
_____	_____	_____	_____/____/____ to ____/____/____
_____	_____	_____	_____/____/____ to ____/____/____
_____	_____	_____	_____/____/____ to ____/____/____
_____	_____	_____	_____/____/____ to ____/____/____

Are immunizations up to date?  Yes  No

Describe any allergies, &/or dietary restrictions: \_\_\_\_\_

Describe any physical limitations: \_\_\_\_\_

List all past surgeries &/or hospitalizations: \_\_\_\_\_

**Community Services/Financial**

Please list current social service agencies and the name of the person you are working with:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Please list sources of income and how much you receive/earn:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Have you ever been evicted from an apartment?  Yes  No If yes, List dates, name of apartments, and how much is owed? \_\_\_\_\_ \$ \_\_\_\_\_

Please list companies/credit cards/persons to whom you are in debt and how much money you owe:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_
- 6. \_\_\_\_\_ \$ \_\_\_\_\_

Please list counselors, treatment, detox, and rehab programs with whom you have been involved:

- 1. \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_
- 2. \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_
- 3. \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_
- 4. \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_
- 5. \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_
- 6. \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Check all that apply:

I am a survivor of: sexual abuse rape incest physical abuse ritual abuse

I have attempted suicide

I have been diagnosed with:  ADD  ADHD  Bi-Polar  Depression  MPD  Schizophrenia

I have experimented with: Acid Alcohol Amphetamines Barbiturates Cigarettes

Cocaine Crank Crystal Meth Ecstasy Glue, Paint Thinner Heroin Marijuana

Morphine Opium Other: \_\_\_\_\_

I am currently on Probation Parole For how long? \_\_\_\_\_ Reporting how often? \_\_\_\_\_

I have had \_\_\_\_\_ # of arrests. Dates/Charges: \_\_\_\_\_

Please list pending court dates: \_\_\_\_\_

\_\_\_\_\_  
Name of Officer (\_\_\_\_\_) Phone Number

\_\_\_\_\_  
Name of Attorney/Legal Representative (\_\_\_\_\_) Phone Number

**Spiritual:**

Please describe your religious background: \_\_\_\_\_

Please describe your relationship with God: \_\_\_\_\_

Have you ever committed your life to God? Yes No If yes, please describe your experience giving dates, people, etc \_\_\_\_\_

**Family**

\_\_\_\_\_  
Mother's Birth Name : First/middle/maiden (\_\_\_\_\_) Cell (\_\_\_\_\_) Work Home

\_\_\_\_\_  
Email Address Occupation

Marital Status:  married to father  divorced  separated  remarried  widowed

\_\_\_\_\_  
Father's Name: First/middle/last (\_\_\_\_\_) Cell (\_\_\_\_\_) Work Home

\_\_\_\_\_  
Email Address Occupation

Marital Status:  married to mother  divorced  separated  remarried  widowed

**In case of emergency:**

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
1<sup>st</sup> Contact Cell Work Home

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
2<sup>nd</sup> Contact Cell Work Home

**Personal References:**

*Please give the name and contact info for 3 friends, coworkers or relatives. Do not leave this section blank.*

_____ (_____) _____ Name Phone Number Relationship
_____ _____ Email Address How long have you known this person?

_____ (_____) _____ Name Phone Number Relationship
_____ _____ Email Address How long have you known this person?

_____ (_____) _____ Name Phone Number Relationship
_____ _____ Email Address How long have you known this person?

By signing below I acknowledge the information I have provided is true; agree to a criminal background check and give permission to contact my references:

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date