

Mother Initials:

				Visit Date (mm, dd, yyyy):			
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Baby Initials:

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Subject #:

T							Baby #:		Visit #:	3
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Please Merge Visits 1 and 2 INFECTIONS and Medical Records for Visit 3 on this page

**CUMULATIVE INFECTIONS SUMMARY (Mother)**

CHECK HERE IF NO CHANGE \_\_\_\_\_

**Infection #1:** Specify \_\_\_\_\_

Type \_\_\_\_ Onset \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Symptoms Duration (in days) \_\_\_\_

Antibiotic/Antiviral Treatment: 0=None 1=Yes 2=Unknown Treatment Duration (in days) \_\_\_\_

**Infection #2:** Specify \_\_\_\_\_

Type \_\_\_\_ Onset \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Symptoms Duration (in days) \_\_\_\_

Antibiotic/Antiviral Treatment: 0=None 1=Yes 2=Unknown Treatment Duration (in days) \_\_\_\_

**Infection #3:** Specify \_\_\_\_\_

Type \_\_\_\_ Onset \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Symptoms Duration (in days) \_\_\_\_

Antibiotic/Antiviral Treatment: 0=None 1=Yes 2=Unknown Treatment Duration (in days) \_\_\_\_

Σ Infection codes: use these numbers to indicate the TYPE for each numbered infection below

**Respiratory**

- 1= Pneumonia
- 2= Bronchitis
- 3= Upper respiratory tract or sinus
- 4= Influenza
- 5= Other respiratory

**Reproductive**

- 6= Yeast
- 7= Chlamydia
- 8= Genital herpes
- 9= Trichomonas
- 10= Gonorrhea
- 11= Syphilis
- 12= Bacterial vaginosis
- 13= Pelvic inflammatory disease
- 14= Other reproductive

**Other**

- 15= Urinary tract
- 16= Viral – measles, chicken pox
- 17= Fever, chills, malaise >24 hours
- 18= Other, specify other type \_\_\_\_\_

**INTERIM PSYCHIATRIC/MEDICAL HISTORY (Mother)**

Please Merge Visits 1 and 2 PSYCHIATRIC/MEDICAL and Medical Records for Visit 3 on this page

Since your last visit, has there been...

Any major illness? \_\_\_ Yes \_\_\_ No Specify: \_\_\_\_\_

Any Hospitalization? \_\_\_ Yes \_\_\_ No  
 \_\_\_ Psychiatric? Specify: \_\_\_\_\_ Length of Stay: \_\_\_\_\_  
 \_\_\_ Medical? Specify: \_\_\_\_\_ Length of Stay: \_\_\_\_\_