



Report on pregnancy & birth

Name: _____

Date of birth: _____

First child

Date of birth: _____

Gender: _____

Child weight (in grams): _____

Child height (in centimetres): _____

Spontaneous birth or caesarean section: _____

Second child

Date of birth: _____

Gender: _____

Child weight (in grams): _____

Child height (in centimetres): _____

Spontaneous birth or caesarean section: _____

Third child

Date of birth: _____

Gender: _____

Child weight (in grams): _____

Child height (in centimetres): _____

Spontaneous birth or caesarean section: _____



Were there any anomalies or complications during the pregnancy?

☐ Yes ☐ No

If yes, please provide details: _____

Were there any anomalies or complications during the birth?

☐ Yes ☐ No

If yes, please provide details: _____

For our records we require copies of your hospital discharge documents and the birth confirmations or birth certificates. These documents must state the weight and gender of the child or children and whether the birth occurred normally or by caesarean section.

Date, signature of patient