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| Registration Form | Follow-up With a Midwife |

**Section 1: Identification**

**Family name at birth**:       **First name**:

**RAMQ**:       (4 letters and 8 numbers without spaces) **Expiry date**: yyyy/mm

**Date of birth**: Click here to enter a date

**Place of birth**:

**Father’s last name**:       **First name**:

**Mother’s last name**:       **First name**:

**Your partner’s name** (if applicable):

**Section 2: Permanent address and contact information**

**Street no.:** **Street:       Apt.:**

**City:       Postal code:** (no spaces)

**Home tel.:       Work tel.:       Cell:**

**Partner’s cell** (if applicable):

**Your email address** (block letters)**:**

**Section 3: Pregnancy**

**1st day of your last menstruation:** Click here to enter a date

**Expected due date** (if known)**:** Click here to enter a date

**No. of pregnancies** (including this one)**: No. of living children:**

**No. of abortions, miscarriages, other:**

**Previous Caesarian:** [ ]  **No** [ ]  **Yes, number:**

**Is this your first follow-up with a midwife?**

[ ]  **Yes** [ ]  **No** [ ]  **Lanaudière with which midwife?**

[ ]  **Laurentides**

[ ]  **Other, specify where:**

**Section 4: Current state of health**

**Known health problems:** [ ]  **Diabetes with insulin**

[ ]  **High blood pressure**

[ ]  **Multiple sclerosis**

[ ]  **Other Specify:**