Healthy New Moms
Maryland's Maternal Mental Health Campaign

NAME: _____ **DATE:** _____

MY INFORMATION

Allergies:

Health Conditions:

Current medications:

Last menstrual period:

How many pregnancies have you had? Dates?

How many live births have you had? Dates?

For you last birth, how many weeks pregnant were you?

Baby's name/weight at birth:

Contraceptive history:

Currently Breastfeeding: Y/N

Current drug/alcohol or tobacco use: Y/N

How often?

How much?

I SCHEDULED THIS APPOINTMENT BECAUSE:

SYMPTOMS:

QUESTIONS:

TIPS:

1. Your concerns are valid.
2. Healthcare providers are there to help you.
3. Be honest and open.
4. Ask for clarification if you do not understand something.
5. Ask for written information to take home.

POSSIBLE QUESTIONS TO ASK:

1. Do I have a mental health condition?
2. How is it treated?
3. Is there medication that can help?
4. What are the side effects of the medication?
5. How long will the medication take to work?
6. Can I breastfeed on this medication?
7. Would you recommend therapy?
8. Can you refer me to a therapist or specialist?
9. Do you recommend I come back to see you? If yes, when?
10. If there is an emergency, what should I do?

NOTES: