1. Last Name	First Name								MI	
2. Patient Number										
3. Date of Birth									·	
(MM/DD/YYYY)										
		Mo	nth	Da	ay		Ye	ear		
4. Race □ American Indian or Alaska Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Unknown □ White										
5. Ethnic Origin ☐ Hispanic Cuban ☐ Hispanic Other ☐ Not Hispanic/Latino			□ Hispanic Mexican American □ Hispanic Puerto Rican □ Unreported							
6. Gender										
7. County of Residence										

PRENATAL WEIGHT GAIN CHART

Pre-Pregnancy Underweight BMI <18.5

Weight Gain Recommendations (singleton):

- ◆ 2.2–6.6 lb. gain 1st trimester
- ◆ 1 lb. gain per week 2nd and 3rd trimesters
- ◆ 28–40 lb. total weight gain

