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# Proof of Pregnancy Form Template

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## Patient Information

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

## Pregnancy Confirmation

- Date of Last Menstrual Period: \_\_\_\_\_
- Expected Due Date: \_\_\_\_\_
- Physician's Name: \_\_\_\_\_
- Date of Examination: \_\_\_\_\_

## Health Information

- Blood Type: \_\_\_\_\_
- Known Complications: \_\_\_\_\_
- Medications Prescribed: \_\_\_\_\_

## Physician's Certification

- I certify that the above information is accurate and the individual named is pregnant.
- Physician's Signature: \_\_\_\_\_

- Date: \_\_\_\_\_

### **Consent**

- I consent to the release of this pregnancy confirmation to the named entities.
- Patient's Signature: \_\_\_\_\_
- Date: \_\_\_\_\_