













48. How many premature pregnancies have you had/ *Cuantos embarazos prematuros ha tenido?* \_\_\_\_\_  
- \_\_\_\_\_
49. How many abortions have you had/ *Cuantos abortos ha tenido?* \_\_\_\_\_  
- \_\_\_\_\_
50. How many ectopic pregnancies have you had/ *Cuantos embarazos extra-uterinos ha tenido?* \_\_\_\_\_  
- \_\_\_\_\_
51. How many of your children are living/ *Cuantos de sus hijos viven?* \_\_\_\_\_  
- \_\_\_\_\_

**TO ENSURE THAT WE PROVIDE YOU WITH SAFE, QUALITY, HEALTH CARE IS THERE ANY OTHER INFORMATION WE SHOULD BE AWARE OF/ SERVICIOS MEDICOS SEGUROS Y DE BUENA CALIDAD, HAY MAS INFORMACION QUE NOS QUIERA OFRECER?**  Y/Si  No

52. Do you have an Advance Directive of a Living Will/ Tiene una directiva avanzada o testamento?  Y/Si  No

THIS FORM IS ONLY TO ASSIST OUR STAFF IN INFORMATION GATHERING. INFORMATION WILL BE EXTRACTED FROM THIS FORM AND SUMMARIZED IN YOUR ELECTRONIC MEDICAL RECORD/ ESTA FORMA ES DE SOLO AYUDAR NUESTRO PERSONAL EN LA REUNION DE INFORMACION. LA INFORMACION SE EXTRAERA DE ESTA FORMA Y RESUMIDO EN SU REGISTRO MEDICO ELECTRONICO.