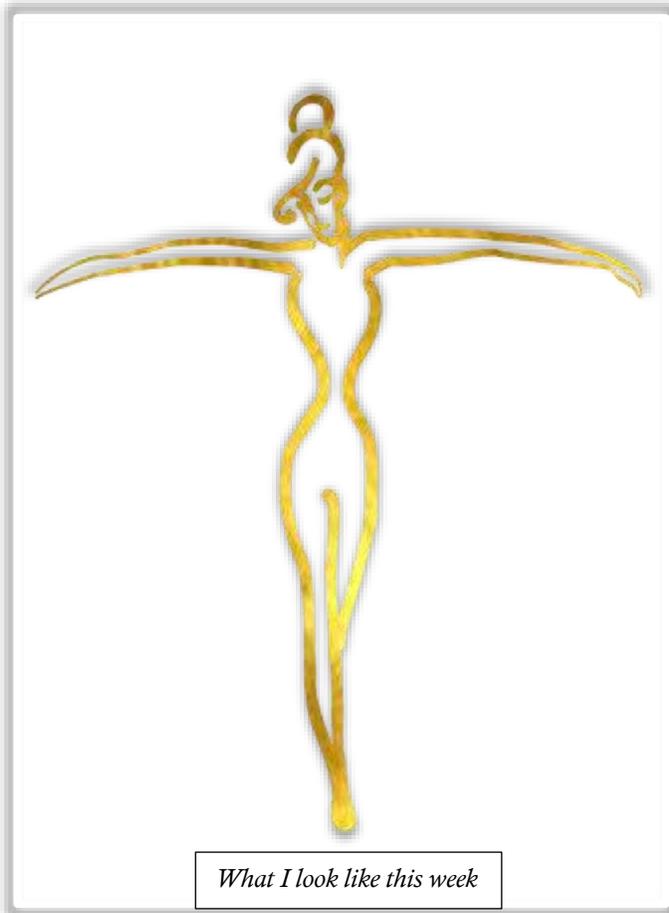
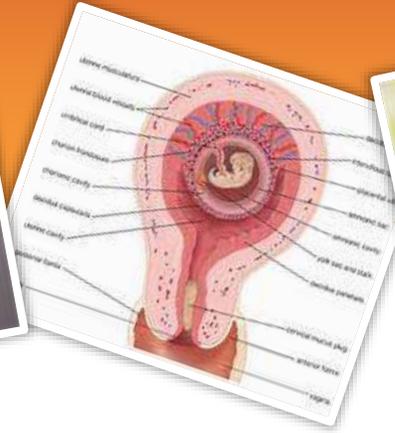


# My Pregnancy

Total Women's Health of Baltimore



*What I look like this week*

## My Feelings

- How I feel emotionally today:
  
- How I feel physically today:
  
- What has changed since last visit:

Date of Visit:

Weight:

Weeks Pregnant:

Name:

*Additional Pictures:*

