

Allergies:  NKA  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Medications: \_\_\_\_\_

DOB: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Past Medical History (mark all that apply):

- |                   |                       |                      |                       |                          |                       |
|-------------------|-----------------------|----------------------|-----------------------|--------------------------|-----------------------|
| Abnormal Pap      | <input type="radio"/> | Diabetes             | <input type="radio"/> | Lupus                    | <input type="radio"/> |
| Abnormal bleeding | <input type="radio"/> | Deep vein blood clot | <input type="radio"/> | Osteoporosis             | <input type="radio"/> |
| No menses         | <input type="radio"/> | Painful periods      | <input type="radio"/> | Ovarian cyst             | <input type="radio"/> |
| Anemia            | <input type="radio"/> | Painful sex          | <input type="radio"/> | PCOS                     | <input type="radio"/> |
| Anxiety           | <input type="radio"/> | Endometriosis        | <input type="radio"/> | PID                      | <input type="radio"/> |
| Asthma            | <input type="radio"/> | Fibroids             | <input type="radio"/> | Rheumatoid arthritis     | <input type="radio"/> |
| Blood transfusion | <input type="radio"/> | Genital warts        | <input type="radio"/> | Spina Bifida             | <input type="radio"/> |
| Breast problems   | <input type="radio"/> | Heart murmur         | <input type="radio"/> | Sexually transinfections | <input type="radio"/> |
| Cancer            | <input type="radio"/> | HIV/AIDS             | <input type="radio"/> | Stroke                   | <input type="radio"/> |
| Chronic pain      | <input type="radio"/> | Hormone problem      | <input type="radio"/> | Substance abuse          | <input type="radio"/> |
| Clotting disorder | <input type="radio"/> | High blood pressure  | <input type="radio"/> | Thyroid disease          | <input type="radio"/> |
| Heart disease     | <input type="radio"/> | Infertility          | <input type="radio"/> | Trauma/violence          | <input type="radio"/> |
| Depression        | <input type="radio"/> | Kidney disease       | <input type="radio"/> | Urinary incontinence     | <input type="radio"/> |
| DES exposure      | <input type="radio"/> | Liver disease        | <input type="radio"/> | Uterine anomaly          | <input type="radio"/> |
| Other             | <input type="radio"/> |                      |                       |                          |                       |

Surgical history:

- |                    |                       |                            |                       |                  |                       |
|--------------------|-----------------------|----------------------------|-----------------------|------------------|-----------------------|
| Abdominal surgery  | <input type="radio"/> | Cystocele/rectocele repair | <input type="radio"/> | Hysteroscopy     | <input type="radio"/> |
| Appendectomy       | <input type="radio"/> | Colposcopy                 | <input type="radio"/> | Laser conization | <input type="radio"/> |
| Bladder suspension | <input type="radio"/> | Cosmetic surgery           | <input type="radio"/> | LEEP             | <input type="radio"/> |
| Breast enlargement | <input type="radio"/> | D&C                        | <input type="radio"/> | Oophorectomy     | <input type="radio"/> |
| Breast surgery     | <input type="radio"/> | Endometrial ablation       | <input type="radio"/> | Laparoscopy      | <input type="radio"/> |
| Cesarean           | <input type="radio"/> | GYN cryosurgery            | <input type="radio"/> | Tubal ligation   | <input type="radio"/> |
| Colon surgery      | <input type="radio"/> | Hysterectomy               | <input type="radio"/> | Other            | <input type="radio"/> |

Menstrual history:

- Age at first menstrual period: \_\_\_\_\_
- Last menstrual period: \_\_\_\_\_
- Menstrual pattern: Regular  Irregular
- Flow: Light  Moderate  Heavy
- Type of sanitary protection:
- Panty liner
  - Thin pad
  - Maxi pad
  - Hospital pad
  - Tampon
  - Tampon and pad
  - Other
- Change pad/protection every \_\_\_\_\_
- Pain with menstrual cycle: None
- Mild
  - Moderate
  - Severe
- Menstrual cycle every \_\_\_\_\_
- Duration: \_\_\_\_\_
- Clots

Family History:

	Mark if deceased	Breast cancer	Colon cancer	Ovarian cancer	Diabetes	Heart disease	High cholesterol	High blood pressure	Deep vein clot	Migraines	Lupus	Rheumatoid disease	Osteoporosis	Seizures	Stroke	Thyroid disease	Other		
Patient																			
Mother																			
Father																			
Brother																			
Sister																			
Paternal grandmother																			
Paternal grandfather																			
Maternal grandmother																			
Maternal grandfather																			
Paternal aunt																			
Paternal uncle																			
Maternal aunt																			
Maternal uncle																			

**Obstetrical History:**

Total number of pregnancies: \_\_\_\_\_ Number of term deliveries: \_\_\_\_\_ Number of preterm deliveries: \_\_\_\_\_ Number of miscarriages: \_\_\_\_\_

Number of abortions: \_\_\_\_\_ Number of twin pregnancies: \_\_\_\_\_ Number of living children: \_\_\_\_\_ Number of ectopic/tubal pregnancies: \_\_\_\_\_

Date of birth	Gestational age	Birth weight	Sex	Baby's name	Type of delivery	Anesthesia	Mark if preterm labor	Mark if living	Place of birth	Length of labor

Genetic History (OB patients only):

	Mark if deceased	Patient >35	Anesthesia problems	Ashkenazi Jewish	Autism	Birth Defects	Canavan' s disease	Clotting disorders	Congenital heart defect	Cystic Fibrosis	Down syndrome	Eclampsia	Huntington' s disease	Mental retardation	Two or more miscarriage	Muscular dystrophy	PKU disease	Preterm birth	Preterm labor	Sickle cell disease	Sickle cell trait	Spina bifida/Neural tube defect	TaySach' s disease	Thalassemia	Other	
Patient																										
Mother																										
Father																										
Brother																										
Sister																										
Paternal grandmother																										
Paternal grandfather																										
Maternal grandmother																										
Maternal grandfather																										
Paternal aunt																										
Paternal uncle																										
Maternal aunt																										
Maternal uncle																										
Father of baby																										
Father of baby family																										

Social history:

Tobacco use:      Never user            If yes, number of packs per day: \_\_\_\_\_  
                         Everyday user        
                         Someday user        
                         Former user        
                         Heavy user        
                         Light user        
                         Passive exposure     

Alcohol use:      Yes            No        
                         \_\_\_\_\_ glasses of wine per week  
                         \_\_\_\_\_ beers per week  
                         \_\_\_\_\_ shots per week  
                         \_\_\_\_\_ mixed drinks per week

Drug use:      Type: \_\_\_\_\_  
                         Number of times per week: \_\_\_\_\_

Sexually active:      Yes            No        
                         \_\_\_\_\_ number of partners in last year  
                         Male            Female     

Birth control method:

Abstinence	<input type="radio"/>	IUD	<input type="radio"/>
Withdrawal	<input type="radio"/>	Pills	<input type="radio"/>
Condoms	<input type="radio"/>	Patch	<input type="radio"/>
Diaphragm	<input type="radio"/>	Natural family planning	<input type="radio"/>
Implant/Nexplanon	<input type="radio"/>	Spermicide	<input type="radio"/>
DepoProvera	<input type="radio"/>	Sponge	<input type="radio"/>
Inserts	<input type="radio"/>	Tubal/vasectomy	<input type="radio"/>

Mark if yes:

On a special diet        
Lost >5-10 lbs unintentionally        
Difficulty swallowing        
Refuse blood transfusions        
Homeless/housing problems        
In drug/alcohol treatment        
Domestic violence/abuse        
Feel would be better off dead        
Need help walking        
Transportation problems        
Separated from father of baby        
History of forced sex/coercion        
Thoughts of self-harm        
Live alone        
Fallen in the past year        
History of abuse/violence        
Recent death of loved one     

Occupation: \_\_\_\_\_

Partner/spouse name: \_\_\_\_\_