ASSOCIATES IN women's health

New OB Health History

Demographic Data

Name_____

Social Security #_____ Date of Birth_____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Race/Ethnicity/Birthplace_____

Education_____ Occupation _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Partnered

Primary/Referring Doctor _____

Newborn Provider _____

Emergency Contact _____ Phone # _____

Father of Baby /Partner_____ Race/Ethnicity _____

Education_____ Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Menstrual History

Age at 1st Menstrual period _____ Menstrual Frequency _____days Length of bleeding _____ days

LMP _____ Was your last period normal? ☐ Y ☐ N Dates certain? ☐ Y ☐ N

Prior contraception _____

Contraception stopped _____

Bleeding since LMP? ☐Y ☐N Fever since LMP? ☐Y ☐N

Date of positive pregnancy test_____ ☐ Blood ☐ Urine

Medications/Street drugs/Alcohol since LMP? ☐Y ☐N List: _____

Total # pregnancies	Full term	Preterm	Miscarriage/Abortion	Living

Past Pregnancies Including Miscarriages and Abortions

Date Mo/Day/Yr	Gest. Weeks	Length of Labor	Birth Weight	Sex M/F	Type Delivery	Anes.	Place of Delivery	Preterm Labor Yes/No	Gestational Diabetes Yes/No	Comments/ Complications

Name: _____ **D.O.B**. _____

Past Medical History

Condition	Patient Y N	Family Y N	Condition	Patient Y N	Family Y N
1. Diabetes			13. Pulmonary (TB, asthma)		
2. Hypertension (High Blood Pressure)			14. Allergies (Drugs)		
3. Heart Disease			15. Gyn Surgery		
4. Autoimmune Disorder (Lupus/Antiphospholipid Synd.)			16. Operations/Hospitalizations (Year and Reason—list below)		
5. Kidney Disease / UTI Complications			17. Anesthetic Complications		
6. Neurologic (Epilepsy)			18. History of abnormal Pap		
7. Psychiatric (Anxiety/Depression)			19. Uterine anomaly		
8. Hepatitis / Liver Disease			20. DES		
9. Varicosities / Phlebitis			21. Infertility		
10. Thyroid Dysfunction			22. Relevant Family History		
11. Trauma / Violence			23. Other		
12. History of Blood Transfusion			24. None of the above		

Infection History/Workplace Environment Risk

Condition	Patient Y N	Partner Y N	Condition	Patient Y N	Partner Y N
1. HIV/Risk Factors			10. Exposed to cat litter		
2. Used IV Drugs			11. Exposed to lead or chemicals		
3. Immunized for Hepatitis B			12. Exposed to radiation		
4. Live with Someone with TB or Exposed to TB			13. Exposed to infections (hospital, lab work, day care, etc.)		
5. Patient or Partner has history of Genital Herpes			14. Is there a high level of stress at work/home		
6. Rash or Viral Illness since last Menstrual Period			15. Stands for prolonged periods of time		
7. History of STD, GC, Chlamydia, HPV, Syphilis			16. Sits for prolonged periods of time		
8. Have you had chicken pox or been immunized			17. Lifts heavy objects repeatedly		
9. DT immunization up-to-date?			18. Other		

Social History

Attitude towards pregnancy: ☐ Planned ☐ Unplanned ☐ Plan to parent/keep ☐ Adoption

Drug use: (Past/Current):

Tobacco ☐ Y ☐ N Pre-Pregnancy amt. _____ Pregnancy amt. _____ Yrs. Total use _____

Alcohol ☐ Y ☐ N Pre-Pregnancy amt. _____ Pregnancy amt. _____ Yrs. Total use _____

Caffeine ☐ Y ☐ N Pre-Pregnancy amt. _____ Pregnancy amt. _____ Yrs. Total use _____

Street Drugs ☐ Y ☐ N List: _____ Counseling/Referral ☐ Y _____

Partner/Spouse drug use _____

Genetic Screening History

Have you or any members of your family been born with or affected by any known genetic problem, birth defects, or major medical problems?

	Patient	Father of Baby	Family	Condition	Patient	Father of Baby	Family
1. Patient's Age ≥ 35 yrs.				10. Cystic Fibrosis or any other metabolic disorder			
2. Father of baby ≥ 50 yrs.				11. Huntington's Chorea			
3. Italian, Greek Mediterranean or Asian Background (thalassemia)				12. Mental retardation or autism			
4. Jewish, Cajun, Fr. Canadian background (Tay Sachs)				13. Maternal medical problems (diabetes,lupus, epilepsy, PKU, etc.)			
5. African or Latin American background(sickle cell)				14. Other inherited genetic or chromosomal disorder			
6. Down syndrome or other chromosomal problem				15. Child with birth defects not listed above			
7. Hemophilia or other bleeding disorder?				16. ≥ 3 first trimester spontaneous abortions or a stillbirth?			
8. Muscular dystrophy				17. Other			
9. Adopted—family history unknown				18. None of the above			