

Medical History

Please check if you have ever had:

- Severe headaches
- Eye/vision problems
- Ear/hearing problems
- Dental problems
- Thyroid problems
- Rheumatic fever
- Blood clotting problems
- Anemia
- Hemorrhage
- High blood pressure
- Varicose veins
- Hemorrhoids
- Tuberculosis
- Asthma
- Allergies
- Stomach problems
- Ulcers
- Bowel problems
- Colitis
- Blood in stool
- Gall bladder problems
- Liver problems
- Hepatitis
- Diabetes
- Hypoglycemia
- Bladder infections
- Kidney infections
- Urinary surgery
- Aching joints
- Pelvic/back injury
- Seizures
- Hospitalizations
- Surgeries
- IV blood transfusions

Do you have any allergies to any medications? Y N

List:

Please check if you have had:

- Yeast
- Trichomonas
- Gardnerella
- Bacterial Vaginosis
- Chlamydia
- Gonorrhea
- Syphilis
- Pelvic Inflammatory Disease
- Genital sores
- Herpes oral genital
- Condyloma (warts)
- Cervicitis
- Cervical surgery
- Cervical polyp
- Ovarian cyst
- Fibroids
- Endometriosis
- Abnormal bleeding
- Uterine surgery
- Breast lump
- Infertility

Gynecological History:

Age at 1st period:

Cycle length:

Last pap:

Abnormal pap ever? Y N

Present pregnancy dates:

Last period:

Conception?

Planned pregnancy? Y N

Most recent birth control used:

Current Pregnancy:

- Nausea/vomiting
- Fever
- Headache
- Dizziness
- Indigestion
- Leg cramps
- Rash
- Backache
- Swelling
- Constipation
- Diarrhea
- Urinary complaints
- Abdominal pain
- Vaginal bleeding/spotting
- Vaginal discharge
- Varicose veins
- Hemorrhoids
- Depression
- Family/relationship problems
- Work problems

Please check if you have used or been exposed this pregnancy:

- Tobacco
- Alcohol
- Caffeine
- Marijuana
- Street drugs
- Prescription drugs
- Non-prescription drugs
- Vitamins
- Herbs
- Xrays
- Ultrasounds
- Measles
- Viruses
- Vaccinations
- Cats/litter boxes

Family History: (your parents, siblings, grandparents)

- High blood pressure
- Cancer
- Diabetes
- Twins

- Severe emotional problems
- Alcohol/drug use
- DES
- Miscarriages
- Genetic disorders

Father of Baby:

- Sexually transmitted diseases
- Urethritis
- Herpes: genital oral
- Severe emotional problems
- Alcohol/drug/tobacco use
- Genetic disorder

Prior Pregnancies:

Date of Birth:	# weeks:	Birth/Misc/Term	Weight	Problems: