

# OB PATIENT FORM

## Last Menstrual Period (LMP): \_\_\_\_\_

Date: \_\_\_\_\_ Patient's Name \_\_\_\_\_ DOB: \_\_\_\_\_

### PAST OBSTETRICAL HISTORY

	YES	NO
Was your last period normal?		
Are your periods normally every 28-30 days?		
Do you have uterine abnormalities (fibroids, septum, double uterus)?		
Have you tried to get pregnant for 12 months or longer without success?		
Have you ever had a tubal or ectopic pregnancy?		
If you have been pregnant in the past, did you have:		
Gestational diabetes?		
Pre-eclampsia? (Toxemia)		
High blood pressure?		
Caesarean section?		
Baby's shoulders got stuck during a vaginal delivery?		
Post-partum bleeding?		
Cervical incompetence? (Painless opening of the cervix before 24 wks)		
Preterm labor or delivery?		

### PAST INFECTIONS

	YES	NO
Have you or your partner ever had:		
HIV		
Hepatitis B		
TB (tuberculosis)		
Herpes (HSV)		
Venereal warts (HPV)		
Syphilis		
Chlamydia		
Gonorrhea		
CMV		
Fifth's Disease (Parvo virus)		
Measles (Rubella)		
German Measles (Rubeola)		
Chickenpox (Varicella)		
Lyme's Disease		
Epstein-Barr (mono)		
Toxoplasmosis		
Other: (please list)		

**Patient's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

## PAST OBSTETRICAL HISTORY

Please list all pregnancies including miscarriages and abortions:

#	M/D/Y	Gender	Weight	Number of Weeks	Hours in Labor	Type of Delivery	Location of Delivery	Doctor/Midwife who delivered	Name of Child	Complications
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

## GENETIC HISTORY

What age will you be when the baby is due?	
What age will your partner be when the baby is due?	

	YES	NO
Are you or your partner of the following origins?		
Black?		
If yes, have you been screened for sickle cell anemia?		
Eastern European Jewish?		
If yes, have you been screened for cystic fibrosis, Tay-Sach's, Nieman-Pick, Gaucher's, Canavan, Bloom, Fanconi, familial dysautonomia, mucopolysaccharidosis?		
Mediterranean/Asian?		
If yes, have you been screened for Thalassemia?		
Do you or your baby's father have a birth defect? Please explain:		
Have you had any miscarriages? Please state week of loss:		
Have you had a stillborn?		

<b>Patient's Name:</b>	<b>DOB:</b>		
Have you or the baby's father ever had a child born dead or survive birth with a birth defect on listed?			
Are you and the baby's father related by blood?			
Have you taken any prescription drugs, recreational drugs, or herbal supplements just prior to or during this pregnancy?			
If so, what medication and how often and for what reason? Please list:			
_____			
_____			
_____			
_____			
Has the baby's father taken any prescription drugs, recreational drugs, or herbal supplements just prior to or around conception?			
If so, what medication and how often and for what reason? Please list:			
_____			
_____			
_____			

## GENETIC HISTORY

Please place an "X" if any apply:

	Yourself	Partner	Children	Your blood relative	Partner's blood relative	None	Explain
Down's Syndrome							
Neural tube defects (spina bifida, anencephaly)							
Cystic fibrosis							
Hemophilia							
Huntington's chorea							
Muscular dystrophy							
Mental retardation							
Tay-Sachs/Canavans							
Thalassemia							
Sickle cell anemia							
Autism							
Congenital heart defect							