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**Obstetrical Patient Questionnaire**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Information | Name: | | |
| DOB | Age: |  | |
| Language:  Ethnicity: | Cell:  Home: | Marital Status: | |
| Address: | | Work: | |
| Emergency Contact:  Relationship: | | Home:  Cell: | Work: |
| Insurance: | 1 | 2 | 3 |

**Medical History**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **History** | **Y/N** | **DATE** | **History** | **YIN** | **DATE** | **History** | **Y/N** | **DATE** |
| Allergic Rhinitis |  |  | **Diabetes** |  |  | Trauma History |  |  |
| Anemia/Hematologic |  |  | **Heart Disease** |  |  | Uterine Abnormalities |  |  |
| Asthma/Pulmonary |  | ' | Hypertension |  |  | Varicosities/DVT |  |  |
| Autoimmune Disorder |  |  | Infertility |  |  | Anesthetic Complications |  |  |
| Abnormal Pap Smears |  |  | Liver Disease |  |  | Other Family History |  |  |
| Blood Transfusion |  |  | Neurologic Disorder |  |  | Other |  |  |
| Breast Disorder |  |  | Renal Disease |  |  | Other |  |  |
| Depression |  |  | (Rh) Sensitized |  |  | Other |  |  |
| Psychiatric Disorder |  |  | Thyroid Disorder |  |  | Other |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Substance Abuse | | | | | Surgery/Hospitalizations | |
| Substance | Y/N | Amt/Day Prepreg | Amt/Day Preg | # Years Use | Surg/Hosp | YEAR |
| Tobacco packs/day |  |  |  |  |  |  |
| Alcohol drinks/day |  |  |  |  |  |  |
| Illicit recreational Drug |  |  |  |  |  |  |
| Tobacco packs/day |  |  |  |  |  |  |

Genetic Screening

|  |  |  |  |
| --- | --- | --- | --- |
| **Family History** | **Y/N** | **Family History** | **Y/N** |
| Patient Age >= 35 Years as of Est. Date of Delivery |  | Autism |  |
| Neural Tube Defect (Spina Bifida, Anencephaly) |  | If Yes Was Person Tested for Fragile X? |  |
| Trisomy 21 (Down Syndrome) |  | Mental Retardation |  |
| Congenital Heart Defect |  | If Yes, Was Person Tested for Fragile X? |  |
| Cystic Fibrosis |  | Muscular Dystrophy |  |
| Tay-Sachs (Jewish, Cajun, Canadian) |  | Sickle Cell Diseaseor Trait (African) |  |
| Thalassemia (Italian Greek, Mediterranean, Asian) |  | Other Inherited Genetic or Chromosomal Disorder |  |
| Canavan Syndrome |  | Maternal Metabolic Disorder (Type I Diabetes, Pku) |  |
| Hemophilia or Hematologic Disease |  | Recurrent Pregnancy Loss or a Stillbirth |  |
| Huntington's Chorea |  | Other Birth Defects |  |
|  |  | Other Genetic Screening |  |

**Exposure and Infection History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| History | **Y/N** | Cmt | **History** | **Y/N** | Cmt |
| Partner Has History of HIV |  |  | Rash or Viral illness Since LMP |  |  |
| Patient or Partner Has History of Genital Hemes |  |  | History of Sexually Transmitted Disease |  |  |
| Exposure to TB |  |  | Other Exposure or History of Infection |  |  |

**ER\Urgent Care visits with current pregnancy?** YES NO N/A (circle one)

**Menstrual History: Last Day and Date of Most Recent Period\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of days\_\_\_\_\_\_\_\_ Age at First Period\_\_\_\_\_\_\_\_\_\_ (menstrual cycle)**

**Pregnancy Test Date:**

**Weight prior to pregnancy:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Past Pregnancies** | | | | | | | |
| Total Preg\_\_\_\_\_\_ Term\_\_\_\_\_\_\_ Preterm\_\_\_\_\_\_ Miscarriages/ Ectopic\_\_\_\_\_\_ Living Children\_\_\_\_\_\_ | | | | | | | |
| Date of Delivery | Weeks at  Delivery | Birth  Weight | Sex  M/F | Type of  Delivery | Place of Birth  (City/State) | Preterm  Y/N | Complications? |
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**Current Medications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug Description** / **Name** | **Dosage** | **Days Left** | **Provider** | **Issued** |
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**Allergies**

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| --- | --- | --- |
| **Allergy** | **Reactions** | **Onset** |
|  |  |  |
| - |  |  |
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