



MAA

Women's Health

OBSTETRICS HISTORY

Patient Name: _____ Date of Birth: _____

BP: _____ / _____ PR: _____ Pulse Ox: _____ Wt: _____ Ht: _____ Temp: _____

Last menstrual period: _____

Was your period normal? _____

Do you have regular cycles? _____

Sure of last period? _____

How often do cycles? _____

Do you use birth control? _____

Since last menstrual period

Medications used: _____

Rash or viral illness? _____

ER Visit? _____

Traveled outside of US? _____

Ultrasound? _____

X-ray? _____

Medical History

Hypertension ☐

Diabetes ☐

Heart problems ☐

Circulation problem ☐

Palpitations ☐

Rheumatic fever ☐

Lung disease ☐

Asthma/ TB ☐

Neurologic disorder ☐

Seizures ☐

Stroke ☐

Headaches ☐

Liver disease ☐

Bowel disease ☐

Gall bladder ☐

Stomach ulcers ☐

Bleeding problems ☐

Autoimmune problem ☐

Lupus ☐

Rheumatoid Arthiriis ☐

Anemia ☐

Blood transfusion ☐

Thrombophilia ☐

Blood clots lung/ legs ☐

Thyroid problem ☐

Kidney disease ☐

Frequent UTI ☐

Kidney stones ☐

Spine defects/ surgery ☐

Genetic disorder(s) ☐

Ehlers Danlos ☐

Sleep apnea ☐

H/o chicken pox ☐

Latex allergy ☐

Anesthesia ☐

Implants in body ☐

Psychiatric illness ☐

Depression/ anxiety ☐

Sexual abuse ☐

Hospitalization ☐

Cancer ☐

Breast cancer ☐

Uterine cancer ☐

Surgical History (Name/ year)

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Allergies (Medication/reaction)

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Medications (Name/dose/usage)

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Social History

Smoking/ day: _____

Alcohol/ week: _____

Drugs: _____

Vaping: _____

Education: _____

Work: _____

Living Situation : _____

Partner support: _____

Gynecological History

Infertility ☐ Myomectomy ☐
 Fibroids ☐ D & C ☐
 Uterine anomaly ☐ Tubal ligation ☐
 Uterine embolization ☐ Cone biopsy ☐
 Uterine surgery ☐ Last Pap smear

STD History

Chlamydia ☐ HIV ☐
 Gonorrhoea ☐ Syphilis ☐
 Genital warts ☐ Hepatitis B ☐
 Herpes ☐ Hepatitis C ☐
 PID ☐

Obstetrics History

TOTAL PREGNANCIES	FULL TERM	PRETERM	ABORTIONS	MISCARRIAGE(S)	ECTOPIC	LIVING CHILDREN
#	YEAR	SEX	WGT/LBS	DELIVERY	PREGNANCY COMPLICATIONS	BABY HEALTH
1						
2						
3						
4						
5						

Mother age <15 or > 35 ☐ Bleeding during pregnancy ☐ Difficult should delivery ☐
 2nd pregnancy in 12 months ☐ Seizures due to pregnancy ☐ Postpartum hemorrhage ☐
 Mother age > 40 ☐ Cesaren scar ☐ 3rd or 4th degree tear ☐
 More than 7 deliveries ☐ Isoimmunization ☐ Anemia/blood transfusion ☐
 SIDS ☐ Leakage of fluid < 36 wks ☐ Placenta covering cervix ☐
 Miscarriage 2 or more ☐ Labor or delivery < 37 weeks ☐ Neurological birth injury ☐
 Still birth/fetal death in uterus ☐ Weak or short cervix ☐ Baby wgt < 2000 gms ☐
 Gestational diabetes ☐ Low or excessive fluid ☐ Baby wgt > 4000 gms ☐
 High blood pressure ☐ Malpresentation ☐
 Abruption of placenta ☐ Cephalopelvic disproportion ☐

Genetic History

Thalassemia ☐ Mental retardation ☐ Hearing loss congenital ☐
 Canavan disease ☐ Muscular dystrophy ☐ Congenital heart defect ☐
 Down syndrome ☐ hemophilia/blood dis ☐ Lung/chest wall defect ☐
 Tay sachs ☐ Sickle cell dz/trait ☐ Pyelectasis/kidney defect ☐
 Huntington chorea ☐ Familial dysautonomia ☐ Gastroschisis/bowel defect ☐
 Gragile X ☐ neurofibromatosis ☐ Skeletal defect ☐
 Metabolic disorder ☐ Ventriculomegaly/hydrocephalus ☐ Other birth defects ☐

Family Medical History

Mother: _____
 Father: _____
 Brothers: _____
 Sisters: _____
 Children: _____
 Cousins: _____

Mat. Grandmother: _____
 Mat. Grandfather: _____
 Pat. Grandmother: _____
 Pat. Grandfather: _____
 Uncles: _____
 Aunts: _____

Patient Signature: _____

Date: _____