

**Patient Name:**

**DOB:**

**Obstetrical History**

**Family Genetic History**

Only mark if you have a personal history or a family member has a history of the following:	Personal History	Family History	Person in Family
Neural Tube Defect			
Down Syndrome			
Canavan Disease			
Hemophilia or other blood disorders			
Maternal metabolic disorder			
Recurrent pregnancy loss or a stillbirth			
Thalassemia (Italian, Greek, Mediterranean or Asian); MCV<80			
Congenital Heart Defect			
Tay-Sachs			
Sickle cell disease or trait			
Muscular dystrophy			
Mental Retardation/Autism			
Other inherited genetic or chromosomal disorder			
Patient or baby's father had a child with birth defects not listed			
Medications/Illicit/Recreational drugs/alcohol since last period			
If yes, Agent(s) and strength/dosage			

Have you been tested for Cystic Fibrosis?  Yes  No Do you have Cystic Fibrosis?  Yes  No

Were you tested for Fragile X, and SMA?  Yes  No What were the results? \_\_\_\_\_

Does a family member have Cystic Fibrosis?  Yes  No

Were they tested for Fragile X, and SMA?  Yes  No What were the results? \_\_\_\_\_

**Menstrual History:**

Were your menses regular (monthly)?  Yes  No Age menses started: \_\_\_\_\_

Taking birth control pills at conception?  Yes  No

**Infection History:**

Do you live with or been exposed to TB?  Yes  No

Do you or your partner have genital herpes?  Yes  No

Do you have a history of STDs (Gonorrhea, Chlamydia, HPV, Syphilis)?  Yes  No

Have you had a rash or viral illness since last menstrual period?  Yes  No

## Pregnancy History

# of Pregnancies: \_\_\_\_\_ # Full Term: \_\_\_\_\_ # Premature: \_\_\_\_\_ # Miscarriage: \_\_\_\_\_ # Abortions: \_\_\_\_\_

# Ectopics: \_\_\_\_\_ # of Vaginal Deliveries: \_\_\_\_\_ # of C-Sections: \_\_\_\_\_ # of Multiple Births (Twins, Triplets) \_\_\_\_\_

Date of Delivery	Total Weeks Pregnant	Length of Labor	Birth Weight	Sex	Name	Type of Delivery	Method of Anesthesia	Location of Delivery	Early Labor	Comments

## Personal History

Personal History: Please mark the answer that corresponds to your personal history.			
Heart Disease	<input type="radio"/> Yes <input type="radio"/> No	Hypertension	<input type="radio"/> Yes <input type="radio"/> No
Autoimmune Disorder	<input type="radio"/> Yes <input type="radio"/> No	Kidney Disease/UTIs	<input type="radio"/> Yes <input type="radio"/> No
Neurologic/Epilepsy	<input type="radio"/> Yes <input type="radio"/> No	Depression/Postpartum Depression	<input type="radio"/> Yes <input type="radio"/> No
Hepatitis/Liver Disease	<input type="radio"/> Yes <input type="radio"/> No	Varicosities/Phlebitis	<input type="radio"/> Yes <input type="radio"/> No
Thyroid/Dysfunction	<input type="radio"/> Yes <input type="radio"/> No	Trauma/Violence	<input type="radio"/> Yes <input type="radio"/> No
Blood Transfusion	<input type="radio"/> Yes <input type="radio"/> No	Tobacco	<input type="radio"/> Yes <input type="radio"/> No
Alcohol	<input type="radio"/> Yes <input type="radio"/> No	Illicit/Recreational Drugs	<input type="radio"/> Yes <input type="radio"/> No
D (RH) Sensitized	<input type="radio"/> Yes <input type="radio"/> No	Pulmonary (TB Asthma)	<input type="radio"/> Yes <input type="radio"/> No
Seasonal Allergies	<input type="radio"/> Yes <input type="radio"/> No	Drug/Latex Allergies/Reactions	<input type="radio"/> Yes <input type="radio"/> No
Breast Disorders/Cancer	<input type="radio"/> Yes <input type="radio"/> No	Gyn Surgeries	<input type="radio"/> Yes <input type="radio"/> No
Operations/Hospitalizations	<input type="radio"/> Yes <input type="radio"/> No	Anesthetic Complications	<input type="radio"/> Yes <input type="radio"/> No
History of Abnormal Paps	<input type="radio"/> Yes <input type="radio"/> No	Uterine Anomaly/DES	<input type="radio"/> Yes <input type="radio"/> No
Infertility	<input type="radio"/> Yes <input type="radio"/> No	Diabetes	<input type="radio"/> Yes <input type="radio"/> No

**The medical assistant may ask for further details if needed. We apologize for the couple of questions that you answered on the tablets and on this paper. We are working with the software developer to improve communication within the system.**