

**New OB History Form**



Information contained on this form will not be released without your permission.  
 Note: this is a confidential record and will be kept in your doctor's office.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Preferred Lab: \_\_\_\_\_ Delivering Hospital: \_\_\_\_\_

**Medication and Allergies**

Are you on any medications? Y N (If yes, list all) _____ _____ _____ _____	Do you have any allergies? Y N (If yes, list all) _____ _____ _____
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**Surgical History**

Surgical History and dates			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Marital Status:     Single     Married     Separated     Divorced     Widowed

Support person's name: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_

**Past Obstetrical History**

Please list all pregnancies in order (including miscarriages, premature births, abortions, ect.)

Year	Sex	Weight	Type of Delivery	Weeks Pregnant	Anesthetic	Complications

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Date of Birth: \_\_/\_\_/\_\_

### Past Obstetrical History

Date of beginning of last menstrual period \_\_\_\_\_

Question	Yes	No	Notes
AMA: Patient age will be 35 years or older at estimated date of delivery			
APA: Father of baby is currently age 40 or over			
Autism/Mental Disability			
Canavan Disease			
Cleft Lip or Cleft Palate			
Congenital Heart Defect			
Cystic Fibrosis Carrier			
Favor V Leiden Deficiency Carrier			
Factor X1 Deficiency			
Fragile X Carrier			
Gaucher Disease Carrier			
HELLP Syndrome in a previous pregnancy?			
HEMOGLOBIN ELECTROPHORESIS ABNORMAL			
Hemoglobinopathy			
Hemophilia or Other Blood Disorders			
Huntington's Chorea			
Hydrocephalus, Congenital			
Inherited Genetic or Chromosomal Disorder			
Jewish Panel POSITIVE			

Question	Yes	No	Notes
Maternal Metabolic Disorder (eg, Type 1 Diabetes, PKU)			
Muscular Dystrophy			
Neural Tube Defect (Menigomyecele, Spina Bifida, or anencephaly)			
Patient or baby's Father had a child with Birth Defects Not Listed Above			
Polydactyly (extra fingers or toes)			
Recurrent Pregnancy Loss or a Stillbirth			
Sickle Cell Disease			
Sickle Cell Trait			
SMA Carrier			
Tay-Sachs Carrier (eg Jewish, Cajun, French-Canadian)			
Thalassemia (Italian, Greek, Mediterranean, or Asian background) MCV< 80			
Turner's Syndrome			
Any Other Genetic History?			
<b>--Travel History--</b>			
Travel to Country with Zika >6 months?			
Partner travel to Country with Zika >6 months?			

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Question	Yes	No	Notes
Recent travel outside the country within the last 21 days?			
Household travel outside of the country within the last 21 days?			
<b>---Infection History---</b>			
Group B Strep (GBS) Infection in a prior pregnancy			
Herpes Genital Infection (patient or partner)			
History of Hepatitis B or C			
HIV Positive			
Rash or Viral Illness Since Last Menstrual Period			

Question	Yes	No	Notes
Sexually Transmitted Disease (STD) History (eg Gonorrhea, Chlamydia, HPV, Syphilis)			
Tuberculosis (positive, lives with someone with TB or other exposure)			
Other Infection History?			
<b>--Drugs and Alcohol--</b>			
Do you use any illicit or recreational drugs?			
Have you consumed any alcohol during this pregnancy?			
Do you or have you used Tobacco during this pregnancy?			