Wendover OB/Gyn & Infertility, Inc.
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Phone (336) 273-2835 · Fax (336) 274-4594

Pregnancy History Form

Name: _____ Date of birth: _____

This form MUST be completed and returned at least 3 business days prior to your Health Education appointment. Please see the office contact information above for mailing (first class postage $0.69 as of 3/14/2014) or faxing your completed form to the office. You may also bring the form back to the office Front desk staff between the hours of 7:45am-5:30pm. ***Congratulations on your pregnancy! We look forward to seeing you soon.***

Please check the appropriate answer or fill in the blank.

PATIENT DEMOGRAPHICS

1) What is your marital status?
   - □ Single
   - □ Engaged
   - □ Married
   - □ Separated
   - □ Divorced
   - □ Widowed
2) Please provide the name of the baby's father? _____
3) What is your preferred pharmacy name and location? _____
4) Do you have any religious beliefs that would impact your healthcare? (ex. You don't accept blood or blood products.) □ Yes □ No If yes, please describe. _____

   _____

ALLERGIES

1) Do you have any known food or drug allergy/sensitivity? □ Yes □ No
   If yes, please list the allergy and describe your reaction to each food or drug allergy/sensitivity. _____

   _____
2) Do you have an allergy or sensitivity to latex? □ Yes □ No □ I don't know

MEDICATIONS

1) Do you take any medications? If so, please list any prescription medications and any over-the-counter medications/supplements and the reason you take them.

_____

_____

_____

MENSTRUAL HISTORY

1) How many days are there between the beginning of one period to the beginning of the next?
_____
2) What is the date of your last menstrual period? _____
3) How many days did your last period last? _____
4) Was your last menstrual period normal? □ Yes □ No
If no, please describe. _____

****If you had a pregnancy test at a facility other than at Wendover OB/GYN, please bring a copy of the results.**

GYNECOLOGICAL HISTORY

1) At what age did you start your first period? _____
2) When was your last Pap smear? _____
3) Was your last pap smear normal? □ Yes □ No
If you had an abnormal pap, please explain. _____
If you received treatment, please describe and give year of treatment.

_____
4) Have you ever had any gynecologic surgery? □ Yes □ No

If yes, please describe. _____
5) Have you ever been diagnosed with a uterine or cervical defect? □ Yes □ No

If yes, please describe. _____
6) Have you ever been treated for any of the following sexually transmitted diseases?
   - Chlamydia □ Yes □ No If Yes, when? _____
   - Gonorrhea □ Yes □ No If Yes, when? _____
   - Trichomonas □ Yes □ No If Yes, when? _____

PREGNANCY HISTORY

1) What was your normal weight before you got pregnant? _____
2) Have you been pregnant before? □ Yes □ No
3) Including this pregnancy, how many times have you been pregnant? _____
4) How many of your pregnancies were full-term – 37 weeks or more? _____
5) How many of your pregnancies were pre-term – less than 37 weeks? _____

6) How many of your pregnancies were spontaneous abortions – "miscarriages?" _____
7) How many of your pregnancies were induced abortions – "terminations?" _____
8) How many of your pregnancies were ectopic – a pregnancy outside the uterus? (Ectopics are commonly found in the fallopian tubes.) _____
9) How many children do you have living? _____
10) In chronological order, list your pregnancies and include the following information:
    a) Month and year of delivery or abortion/miscarriage
    b) Place of delivery
    c) Infant's sex
    d) Infant's birth weight
    e) How many weeks pregnant you were when you delivered/terminated/miscarried
    f) Hours in labor
    g) Type of delivery (e.g. Vaginal, Cesarean section, Vacuum assisted, Forceps assisted)
    h) Anesthesia during labor and delivery (e.g. Epidural, Spinal, General, Local)
    i) Pregnancy complications (e.g. A lag in the baby's growth, Anemia, Cervix opening too soon, Diabetes in pregnancy, Early rupture of membranes, Excessive blood loss, Excessive nausea/vomiting, Fetal death or birth defect, Hypertension in pregnancy, Infection in the uterus, Postpartum depression (depression after the baby is born), Preterm labor or birth, Too much or too little amniotic fluid)

No.	Month/ Year	Place of delivery	Infant Sex	Weight at birth	Weeks at delivery	Hrs in Labor	Type of delivery & Anesthesia	Complications	Child's Name

HISTORY SINCE LAST MENSTRUAL PERIOD

1) Have you experienced any of the following since your last period?
    a. Vaginal bleeding □ Yes □ No
    b. Pain in the upper or lower abdomen □ Yes □ No
    c. Headache or dizziness □ Yes □ No
    d. Change in vision □ Yes □ No
    e. Excessive nausea or vomiting □ Yes □ No
    f. Urinary complaints □ Yes □ No
    g. Fever □ Yes □ No
2) Have you had any alcohol since your last period? □ Yes □ No
   If yes, how many and what types have you had? _____
3) Have you used any tobacco products since your last period? □ Yes □ No
   If yes, what type and how often have you been using? _____
4) Have you taken any medications including prenatal vitamins and over-the-counter meds?
   □ Yes □ No

5) Have you been exposed to any of the following environmental toxins since your last period?
    a. HIV, Cytomegalovirus (CMV), Herpes or Syphilis □ Yes □ No
    b. Rubella (German Measles) or Varicella (Chicken Pox) □ Yes □ No
    c. Phenylketonuria (PKU) □ Yes □ No
    d. Encephalitis □ Yes □ No
    e. Occupational chemicals such as heavy metals or organic solvents □ Yes □ No
    f. Radiation or x-rays □ Yes □ No
    g. Tuberculosis (TB) □ Yes □ No
    h. Toxoplasmosis □ Yes □ No
    i. Rash with a viral illness □ Yes □ No
    j. Injury, trauma or surgery □ Yes □ No
6) Have you taken any street drugs such as marijuana, cocaine, heroin since your last period?
   □ Yes □ No If yes, please give the name of the drug(s) and how many times a day you have used it.

   _____

INFECTION/RISK

1) Do you have a cat? □ Yes □ No
2) Have you ever had Chicken Pox? □ Yes □ No
3) Have you ever been immunized for Varicella (Chicken Pox)?
   □ Yes □ No
4) Have you been treated for AIDS (HIV Positive)? □ Yes □ No
5) Have you ever been treated or immunized for Hepatitis? □ Yes □ No
   If so, which type(s)? _____
6) When was your last Tetanus or Tdap vaccination? _____
7) Have you been immunized for Influenza? □ Yes □ No
   If yes, when was your last injection? _____

INFANT CARE

1) Who do you plan to use as your Pediatrician (the doctor who will take care of the baby after being born?) _____
2) Do you plan to breastfeed or bottle feed? □ Breast □ Bottle □ Both □ Undecided
3) Do you plan to circumcise your son? □ Yes □ No

PERSONAL and FAMILY HEALTH HISTORY

If personal or immediate family history of the following conditions, please note who is affected and give details:

Cardiovascular – examples include

Heart Attack / MI ("Myocardial Infarction")
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Heart Disease such as blocked arteries, congestive heart failure
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Rheumatic Fever – (an inflammatory disease associated with Group A Streptococcus infection)
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Valve Disease such as Mitral Valve Prolapse
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Chronic Hypertension / High Blood Pressure
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Diseases of the Aorta – such as an aneurysm (the aorta is the largest artery that carries blood from the heart to the rest of the body)
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Varicose Veins (Varicosities) or Blood Clots (Thrombophlebitis)
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Pulmonary Embolism – (blockage of the main artery of the lung or one of its branches)
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Blood Disorders such as high number of platelets, low number of white blood cells
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Anemia (a decreased level of Red Blood Cells (RBC's) or low hemoglobin level in the blood) or Hemoglobinopathy – any one of a group of genetic diseases caused by or associated with the presence of one of several forms of abnormal hemoglobin in the blood such as Hemoglobin C deficiency, Thalassemia (a group of hereditary anemias) and sickle cell trait or sickle cell anemia
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Blood Transfusions
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Pulmonary – examples include

Asthma
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Tuberculosis (TB)
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____
Chronic Obstructive Pulmonary Disease (COPD, chronic bronchitis, emphysema)
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Endocrine – examples include

Diabetes (high blood sugar)
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____
Thyroid Dysfunction (over or under active thyroid gland)
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____
Maternal PKU (mother's inability to break down phenylalanine, an amino acid)
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____
Endocrinopathy (abnormal conditions of a gland such as the pituitary, pancreas or ovary that sends hormones to the blood)
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Gastrointestinal – examples include

Gastroesophageal Reflux Disease ("Reflux")
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____
Irritable Bowel Disease
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____
Crohn's Disease
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Liver – examples include

Hepatitis
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____
Cirrhosis
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Renal – examples include

Cystitis (bladder infection)
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____
Pyelonephritis (kidney infection)
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____
Asymptomatic Bacteriuria (presence of bacteria in the urine without symptoms)
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____
Chronic Renal Disease such as polycystic kidney disease, kidney stones
□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent
Details: _____

Autoimmune – examples include

Rheumatoid Arthritis (a type of chronic painful joint inflammation)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Lupus (a chronic disorder that can affect the skin, tissues or organs)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Multiple Sclerosis (MS) (chronic disease of the central nervous system)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Sjogren's Disease (disease of the glands that produce sweat and tears)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Cancer – any type

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Neurologic – examples include

Cerebrovascular Accident such as stroke, aneurysm

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Seizure Disorder

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Migraine Headache

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Degenerative Disease such as Amyotrophic Lateral Sclerosis ("ALS" or "Lou Gehrig's Disease"), osteoarthritis

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Psychologic – examples include

Psychiatric Disease/Mental Illness such as Depression, Schizophrenia, Bipolar Disorder

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Physical Abuse or Neglect

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Emotional Abuse or Neglect

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Addiction to drugs, alcohol or nicotine

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Major accidents or injuries (*need your personal history only)

□ Self Details: _____

Surgical (need type and approximate date) (*need your personal history only)

□ Self Details: _____

Anesthetic complications such as excessive nausea and vomiting, difficulty waking

□ Self Details: _____

Non-surgical hospitalization such as treatment for childbirth, pneumonia, dehydration (*need your personal history only)

□ Self Details: _____

Major accidents or injuries (*need your personal history only)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Genetic – examples include

Cerebral Palsy (disorder that impairs control of movement)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Cleft Lip/Palate (lip or roof of mouth not fully formed)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Congenital Abnormalities (birth defects) such as being born with extra fingers/toes, poorly formed arm/leg

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Cystic Fibrosis (can cause severe lung and gastrointestinal tract disease)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Down Syndrome (abnormality associated with an extra chromosome number 21 especially in women giving birth after age 35 years old)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Hemophilia (defect in blood clotting)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Huntington's Chorea (progressive brain disease)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Mental Retardation (below average learning and thinking ability and behavior)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Muscular Dystrophy (progressive muscle weakness and loss of muscle tissue

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Neural Tube Defect (defect where the spine does not fully form such as spina bifida)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Sickle Cell Disease or Trait (an abnormal change in the shape of red blood cells which can lead to sickle cell anemia)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Tay-Sachs Disease (neurological disorder of the brain, found most frequently in descendants of Central & Eastern Jews

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Fragile X (a chromosomal defect associated with the X chromosome, causing mental retardation)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Thalassemia A or B (type of disorder of having decreased number of Red Blood Cells (RBC's) or low hemoglobin)

□ Self □ Mother □ Father □ Brother □ Sister □ Grandparent

Details: _____

Thank you for completing this form.