Westside women's care

Health History Summary

Patient's Name ______________________

ID No. ______________________

____

Demographic Data

Date of Birth ____/____/________ Age______ Language: ☐ English ☐ ______________ Interpreter ☐ None ☐ ______________

☐ N/A

Religion ______________________ Race/Ethnicity ______________________

Marital Status S M SEP D W Father of Baby's Name______________________

Allergy/Sensitivity

☐ None ☐ Latex ☐ Food

☐ Other ______________________

Education	Occupation	Full	Part	Self	Unemp	Work Tel No.	Home Tel No.
Patient		☐	☐	☐	☐		
Father of Baby/Partner		☐	☐	☐	☐		

Primary/Referring Physician

Menstrual History

Menarche	Interval	Length	Abnormalities ☐ **None**
yrs	days	days	

LMP ____/____/________ **Certain** ☐ **Yes** ☐ **No** **Normal** ☐ **Yes** ☐ **No**

Positive Pregnancy Test ____/____/________ ☐ **Blood** ☐ **Urine**

EDD

By Dates ____/____/________

By Ultrasound ____/____/________

Date of Ultrasound ____/____/________

Pregnancy History

Gravida	Full Term	Premature	Spontaneous Ab	Induced Ab	Ectopic	Multiple Births	Live

No.	Month/ Year	Infant Sex	**Weight at Birth**	**Wks Gest**	Hours in Labor	Type of Delivery	Anesthesia	Place of Delivery	Preterm Labor	Comments/Complications
1										
2										
3										
4										
5										
6										
7										

Medical History

Check and detail positive findings below.
Use reference numbers.

Obstetric (Patient)

1. Anemia ☐
2. Fetal Neonatal Death or Anomoly ☐
3. Gestantional Diabetes ☐
4. Hemorrhage ☐
5. Hyperemesis ☐
6. Shoulder Dystocia ☐
7. Incompetent Cervix ☐
8. Intrauterine Growth Restriction ☐
9. Prior GBS Infected Child ☐
10. Isoimmunization ☐
11. Polyhydramnios ☐
12. Postpartum Depression ☐
13. Preeclampsia ☐
14. Eclampsia ☐
15. Gestational Hypertension ☐
16. Preterm Labor or Birth ☐
17. PROM-Chorioamnionitis ☐
18. Rhogam Given ☐
19. RH Neg. ☐

Gynecologic

20. Contraceptive Use ☐
21. Abnormal PAP ☐
22. Breast Disease ☐

Gynecologic (Cont'd.) (Patient)

23. Assisted Reproductive Technology ☐
24. Fibroids ☐
25. GYN Surgery ☐
26. Infertility ☐
27. In Utero Exposure to DES ☐
28. Uterine Cervical Anomaly ☐

Sexually Transmitted Diseases

29. Chlamydia ☐
30. Gonorrhea ☐
31. Herpes (HSV) ☐
32. Syphilis ☐

Vaginal Genital Infections

33. Trichomonas ☐
34. Condylomata ☐
35. Candidiasis ☐

Other Infections

36. Toxoplasmosis ☐
37. Group B Streptococcus ☐
38. Rubella or immunization ☐
39. Vancella or immunization ☐
40. Cytomegalovirus (CMV) ☐
41. AIDS (HIV) ☐
42. Hepatitis (type____) ☐ or immunization (type ______)