Patient Name: ______________________________ Date: ______________

Address: ____
Street City ST Zip

SS#: ____________________ D.O.B.: ____________________

Home Phone: ____________________ Cell/Work: ____________________

Insurance: ____________________ Secondary: ____________________

PREGNANCY HISTORY: LAST PERIOD: ______________

# of Pregnancies (including this one) _______ # of Live Births: _______

# of Miscarriages: _______ Any Pregnancy Losses after 4 Mos.? ☐ Yes ☐ No

Have you had any Tubal Pregnancies? ☐ Yes ☐ No

Have you had any Molar Pregnancies? ☐ Yes ☐ No

Have you had or are you having any bleeding? ☐ Yes ☐ No Cramping? ☐ Yes ☐ No

MEDICAL ISSUES:

Have you had chicken pox? ☐ Yes ☐ No

Do you currently have diabetes? ☐ Yes ☐ No

Have you ever had diabetes in pregnancy? ☐ Yes ☐ No

Do you have a seizure disorder / epilepsy? ☐ Yes ☐ No

Any family history of Spina Bifida? ☐ Yes ☐ No (If so, give 4mg folic acid qd extra)

Are you on Methadone/Suboxone/Subutex? ☐ Yes ☐ No

Do you or have you used cocaine, heroin or other street drugs? ☐ Yes ☐ No

Do you have HIV/AIDS/Hepatitis B/Hepatitis C? ☐ Yes ☐ No

Do you have high blood pressure? ☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No

Do you drink alcohol? ☐ Yes ☐ No

Have you had gastric bypass surgery? ☐ Yes ☐ No

Are you allergic to any medications? ☐ Yes ☐ No

If yes, please list: ____

Are you taking any medications? ☐ Yes ☐ No

If yes, please list: ____

Are you or your partner? ☐ Black ☐ Hispanic ☐ Asian

Do you work with young children? ☐ Yes ☐ No

STAFF USE ONLY

Weight: __________ Height: __________ BMI: __________ Test: Pos ☐ Date: ______________

_____ Patient was advised to discontinue drinking, smoking and/or drug use during pregnancy.

_____ Prenatal vitamins given: ________________________________

_____ Patient was advised of importance of taking prenatal vitamins.

_____ Patient was given list of OTC medications.

Nurse Interview: ____________________ 1st OB Appt.: ____________________

# of wks at 1st OB: ________ STAFF SIGNATURE: ____________________