
## General Information

Name (Last, First):_____Date of Birth(MM/DD/YY):_____

Address (Street, City, Zip): _____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Family Doctor:_____ Preferred OB Doctor: Slane Stader Varnam Martin

Marital Status: single married widowed divorced

Maiden Name (if applicable):_____

## Father of Baby Information

Name of Father: (Last, First):_____

Address: (If differs from above):_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

## Medical/Surgical History

Please list any surgeries you have had and the dates: _____

_____

Please list any medical problems you have (ex. hypothyroidism, diabetes, depression, anemia, high blood pressure):

_____

Do you take any medications? If so, please list the name, dose, and how often you take it:

_____

_____

List any medication allergies:_____

## Social History

Do you smoke?:_____ If so, how many packs per day?:_____

Do you live with anyone who smokes?: yes no

Do you drink alcohol?:_____If so, how frequent?:_____

Do you or have you ever used any recreational or street drugs?:_____

If yes, which ones? When?:_____

Are you currently sexually active?: yes no

Do you have any pets in your house?: yes no

If yes, please explain:_____

## Gynecological History

How much did you weigh before you got pregnant?_____Height:_____

Before you got pregnant, was your menstrual cycle regular?: yes no

How often did you menstruate?: _____(ex. Every 28 days)

Have you ever tested positive for an STD?: yes no

If yes, which one?:_____

If yes, were you treated?:_____

First day of Last Menstrual Period: (MM/DD/YY):_____

Date of Positive Pregnancy Test: (MM/DD/YY):_____

Were you using any form of birth control when you got pregnant?: yes no

Date of your last pap smear? (MM/YY)_____

Have you ever had an abnormal Pap?:_____

If yes, do you know what type of abnormal?: _____

## Pregnancy History:

Total Pregnancies:_____(Include current pregnancy, any abortions/miscarriages)

Total Living Children:_____

Total Abortions:_____

If yes, when? (month/year)_____

Total Miscarriages:_____(delivery before 19 weeks)

If yes, when? (month/year)_____

Total Preterm Pregnancies:_____(delivery after 19 weeks, before 37 weeks)

Have you ever had a multiple birth?:

If so, how many:_____

In the space provided below and on the next page, please list information on your past deliveries/births. If you need more room, please write on the back of this sheet.

Name of Child:_____

Date of Birth:_____

Weeks Gestation:_____

Birth Weight:_____

Hours in Labor:_____

Type of Delivery:_____

Anesthesia use:_____

Complications:_____

Place of Delivery: _____

Were you induced? Yes No

If yes, why? _____

Name of Child:_____

Date of Birth:_____

Weeks Gestation:_____

Birth Weight:_____

Hours in Labor:_____

Type of Delivery:_____

Anesthesia Use:_____

Complications:_____

Place of Delivery: _____

Were you induced? Yes No

If yes, why? _____

Name of Child:_____

Date of Birth:_____

Weeks Gestation:_____

Birth Weight:_____

Hours in Labor:_____

Type of Delivery:_____

Anesthesia use:_____

Complications:_____

Place of Delivery: _____

Were you induced? Yes No

If yes, why? _____

Name of Child:_____

Date of Birth:_____

Weeks Gestation:_____

Birth Weight:_____

Hours in Labor:_____

Type of Delivery:_____

Anesthesia Use:_____

Complications:_____

Place of Delivery: _____

Were you induced? Yes No

If yes, why? _____

## Genetic History

**Please consider not only your family, but the father of the baby's family as well.**

Do you have a genetic disorder?: yes no

Does anyone in either family have a genetic disorder?: yes no

If yes, please list disorder._____

(Common genetic disorders include: Cystic fibrosis, Down Syndrome, Congenital heart defects, Neural tube defects, Thalassemia, Sickle cell disease, Fragile X, Cleft lip/palate, etc.)

When completed, please return the form to High Point Family Medicine before your first OB visit. Thank you.

High Point Family Medicine

105 E. Lincoln Ave.

Lancaster, WI 53813

High Point Family Medicine

1255 11th Street

Fennimore, WI 53809