

Kristin Miller Obstetrics & Gynecology PLC

OB SCREENING QUESTIONNAIRE

Name		DOB:	AGE:	RACE:
Education (Last grade completed):		Marital Status S M W D SEP		LMP: _____
Husband/Father of baby & occupation:			Phone: _____	
Emergency Contact:			Phone: _____	
Allergies:		Medications: Current		
Past Pregnancies (Last four)		Total # of Pregnancies _____		Live Births _____

Date	Term Yes / No	Length of Labor	Birth Weight	Sex M/F	Type of Delivery	Anesthesia	Preterm Labor Yes / No	Comments / Complications

PAST MEDICAL HISTORY (mark if positive)

	FHx Px		Detail positive remarks include date & treatment	FHx Px		Detail positive remarks include date & treatment
1. Diabetes				11. Trauma/Violence		
2. Hypertension				12. History of Blood Transfusion		
3. Heart Disease				13. Tobacco, Alcohol, Illicit Drugs		
4. Autoimmune Disorder				14. Rh Factor		
5. Kidney Disease/UTI				15. Breast/Uterine/Cervical Disorder		
6. Neurologic/Epilepsy/HA				16. Surgery		
7. Psychiatric				17. Anesthetic Complications		
8. Hepatitis/Liver Disease				18. Infertility		
9. Varicosities/Phlebitis				19. Relevant Family History		
10. Thyroid Dysfunction				20. Other		

Comments: _____

INFECTION HISTORY

	YES NO		YES NO
1. High risk for HIV		5. Rash or Viral illness since last menstrual period	
2. High risk Hepatitis B/Immunized?		6. History of STD, GC, Chlamydia, HPV, Syphilis	
3. Live with someone with TB or exposed to TB		7. Positive Group B Strep with previous pregnancy	
4. Patient or partner has history of Genital Herpes		8. History of Chicken Pox or vaccine	

GENETIC SCREENING / TERATOLOGY COUNSELING

(includes patient, baby, baby's father, or anyone in either family with)

	YES NO		YES NO
1. Patient's age \geq 35 yrs		7. Hemophilia	
2. Neural Tube Defect (Meningomyelocele, Spina Bifida, or Anencephaly)		8. Muscular Dystrophy	
		9. Cystic Fibrosis	
3. Down's Syndrome/Other inherited genetic/chromosomal disorder		10. Huntington's Chorea	
		11. Mental Retardation - If yes, was person tested for Fragile X?	
4. Tay-Sachs (e.g. Jewish, Cajun, Fr. Canadian)		12. Patient or baby's father had a child with birth defect not listed above	
5. Sickle Cell Disease or Trait/Hemophilia			
6. Thalassemia (Italian, Greek, Mediterranean, or Asian background)		13. \geq 3 First-Trimester spontaneous abortions, or Stillbirth?	

Signature: _____

Date: _____