

PATIENT HISTORY FORM (Please Print)

Office Use Only: ID:

Grid for Office Use Only: ID

Last Name:

Grid for Last Name

First Name:

Grid for First Name

Referring Doctor

Grid for Referring Doctor

Reason for visit:

Reason for visit checkboxes: Pregnancy, Preconceptual

PREGNANCY HISTORY

Pregnancy History form: Due Date, Number of Pregnancies, Vag Deliveries, CSection, # Living children

MEDICATIONS

Medications checkboxes: None, Anti-Depressant, Baby Aspirin, Prenatal Vitamins, Blood Pressure, Blood Thinners, Diabetes, Heart, Thyroid, Other

DIABETES CARE (Check Yes (Y) or No (N))

Diabetes Care checkboxes: Medications, DKA, Eye, EKG, ECHO, Nephropathy, Foot Exam, HgbA1C, Nutrition, Medical Alert ID, Hypoglyemic Unaware, Glucagon, Ketone Strips, Meter, Pump

DRUG ALLERGIES

Drug Allergies checkboxes: None, Codeine, Iodine, Latex, Morphine, Penicillin, Shellfish, Sulfa, Other

SOCIAL HISTORY

Social History checkboxes: Status (Married, Single, Divorced, Widow), Employed inside/outside home, Smoke, Drink, Exercise, Use of Illicit Substances, Seatbelt use, Physical/Sexual Abuse

SURGICAL HISTORY

Check all that apply:

Surgical History checkboxes: Appendectomy, Cervix Surgery, C-Section, D & C, Myomectomy, Gall Bladder, Gastric Bypass, Leep/Cone Biopsy, Other

INFECTION HISTORY

Infection History checkboxes: Herpes, HIV, Hepatitis B, C, Chicken Pox

MEDICAL/FAMILY HISTORY

Check problems you (P) or your family (F) have or had:

Medical/Family History checkboxes: Anemia, Arthritis, Asthma, Bladder Problems, Clots in veins, Blood Transfusion, Diabetes, Heart Disease, High Blood Pressure, Intestinal Disease, Irritable Bowel Syndrome, Kidney Disease, Kidney Stones, Hepatitis, Lung Disease, Lupus, Seizure Disorder, Reflux, Stroke, Thyroid Disorder, Cancer, Other

GENETIC/FAMILY HISTORY (check if yes)

Genetic/Family History checkboxes: Previous Genetic Testing this Pregnancy, Patient's age greater than 35 yrs at est date of deliv-, Italian, Greek, Mediterranean, or Southeast Asian, Neural Tube Defect, Congenital Heart Defect, Down Syndrome, Tay-Sachs, Sephardic or Ashkenazi Ethnicity, French Canadian Ethnicity, Sickle Cell Anemia or Trait, Hemophilia or Blood Disorders, Muscular Dystrophy, Cystic Fibrosis, Autism, Huntington's Chorea, Mental Retardation, Other genetic or chromosomal disorder, Maternal metabolic disorder, Previous Children with birth defects, Recurrent pregnancy loss or stillbirth, Early Ovarian Failure, Twins/Triples, Other