

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First Middle  
 Delivery Hospital:  Valley  Other \_\_\_\_\_ Doctor: \_\_\_\_\_  
 Pediatrician: \_\_\_\_\_ Referred by: \_\_\_\_\_

|                          |                      |                             |                  |                |
|--------------------------|----------------------|-----------------------------|------------------|----------------|
| Final EDD                |                      | Primary Care Provider/Group |                  |                |
| DOB                      | Age                  | Race                        | Marital Status   | Address        |
| Occupation               | Last Grade Completed |                             | Primary Language |                |
| Husband/Domestic Partner |                      |                             | Phone            | Pt. Home Phone |
| Father of Baby           |                      |                             | Phone            | Pt. Work Phone |
| Emergency Contact        |                      |                             | Phone            | Pt. Cell Phone |

**MENSTRUAL HISTORY**

|                   |                                   |                                  |                |   |                               |                   |         |                        |
|-------------------|-----------------------------------|----------------------------------|----------------|---|-------------------------------|-------------------|---------|------------------------|
| LMP:              | <input type="checkbox"/> Definate | <input type="checkbox"/> Approx  | Frequency      | On BCP @ Conception                                   | HCG+                          | Menarch           |         |                        |
|                   | <input type="checkbox"/> Normal   | <input type="checkbox"/> Unknown | Every ___ Days | <input type="checkbox"/> Y <input type="checkbox"/> N | Date:                         | Age:              |         |                        |
| Total Pregnancies | Full Term                         | Premature                        | AB induced     | AB Spont  | Ectopics                      | Multiples         | Living  |                        |
| Date Month/Year   | GA Weeks                          | Length of Labor                  | Birth Weight   | Sex   | Type of Delivery - Anesthesia | Place of Delivery | PTL Y/N | Comments/Complications |
|                   |                                   |                                  |                |   |                               |                   |         |                        |
|                   |                                   |                                  |                |   |                               |                   |         |                        |
|                   |                                   |                                  |                |   |                               |                   |         |                        |
|                   |                                   |                                  |                |   |                               |                   |         |                        |
|                   |                                   |                                  |                |   |                               |                   |         |                        |

**MEDICAL HISTORY**

|                               |                    |   |              |                             |   |
|-------------------------------|--------------------|---|--------------|-----------------------------|---|
|                               | 0 = Neg +<br>= Pos | Detail Positive Remarks<br>Include Date & Treatment |              | 0 = Neg<br>+ = Pos          | Detail Positive Remarks Include<br>Date & Treatment |
| Diabetes                      |                    |   |              | Breast                      |   |
| Hypertension                  |                    |   |              | GYN Surgery                 |   |
| Heart Disease                 |                    |   |              | Operations/Hospitalizations |   |
| Autoimmune Disorder           |                    |   |              | Year - Reason               |   |
| Kidney Disease/UTI            |                    |   |              |                             |   |
| Neuro/Epilepsy                |                    |   |              |                             |   |
| Psychiatric                   |                    |   |              | Anesthesia Complications    |   |
| Depression/PP                 |                    |   |              | History of Abnormal Pap     |   |
| Hepatitis/Liver Disease       |                    |   |              | Uterine Anomalies           |   |
| Varicosities/Phlebitis        |                    |   |              | Infertility                 |   |
| Thyroid Dysfunction           |                    |   |              | Chicken Pox                 |   |
| Trauma/Violence               |                    |   |              | Relevant Family History     |   |
| History of Blood Transfusion  |                    |   |              |                             |   |
| D (Rh) Sensitized             |                    |   |              | Additional Comments:        |   |
| Pulmonary (TB, Asthma)        |                    |   |              |                             |   |
| Seasonal Allergies            |                    |   |              |                             |   |
| Drug/Latex Allergies/Reaction |                    |   |              |                             |   |
|                               |                    |   |              |                             |   |
|                               | Amt/Day Pre Preg   | Amt/Day During Preg                                 | # Years Used |                             |   |
| Tobacco                       |                    |   |              |                             |   |
| Alcohol                       |                    |   |              |                             |   |
| Illicit/Recreational Drugs    |                    |   |              |                             |   |