

Name _____

OBSTETRICAL HISTORY:

Total number of times Pregnant _____ How many children living? _____

Oldest child is ___ years old. Youngest child is ___ years old.

Have you had any RH problems? Yes No

Have any of your children had any complications after birth? Yes No

Have any of your children died after birth? No Yes Ages _____

PREVIOUS PREGNANCIES:

No.	Yr. of Birth	Length of Preg. in Mos.	Birth Wt. of Infant	No. of Hrs. In Labor	Was Del Normal or Abnormal	Complications (Mother or Baby)	Total Wt. Gain During Preg.
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

MISCARRIAGES or ABORTIONS:

No.	Year	How far along in Preg. (Months)	Cause	Was Curettage Performed		Complications	
				Yes	No	Yes	No
1.							
2.							
3.							
4.							

SOCIAL HISTORY:

Do you habitually use laxatives? No Yes If so, what kind? _____

Do you use alcohol? No Yes If so, how much? _____

Do you use tobacco? No Yes If so, how much? _____

Do you take any drugs regularly? No Yes if so, what kind? _____

Highest grade of education completed _____

When did you last have a physical examination? _____ By Whom? _____

Have you ever claimed industrial compensation? No Yes Explain _____

Do you use narcotics? No Yes Name _____

Have you ever lived in a foreign country? No Yes Name _____

PLEASE STATE BRIEFLY YOUR PRESENT COMPLAINT(S):

