

ADAMS PATTERSON GYNECOLOGY & OBSTETRICS

A DIVISION OF WOMEN'S CARE CENTER OF MEMPHIS

OBSTETRICAL SCREENING QUESTIONNAIRE

Name:	Chart #:	DOB:	Race:
Education (last grade completed):		First day of last menstrual period:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Occupation:		Occupation:	
Husband/Father of baby:		Occupation:	Phone:
Emergency Contact:		Phone:	

Allergies:	Current Medications:
Past Pregnancies: Total # of Pregnancies:	miscarriage: abortions: Live Births:

Date	Full Term?	Length of Labor	Birth Weight	Sex M/F	Type of Delivery	Anesthesia	Preterm Labor	Comments/Complications

PAST MEDICAL HISTORY

History of:	Family	Patient	Other			Family	Patient	Other
1. Diabetes					11. Trauma/Violence			
2. Hypertension					12. Blood Transfusion			
3. Heart Disease					13. Tobacco use			
4. Autoimmune Disease					14. Alcohol, Drug use			
5. Kidney Disease					15. Breast Disease			
6. Neurologic/Epilepsy					16. Cervical Disorder			
7. Psychiatric					17. Infertility			
8. Hepatitis/Liver Dx					18. Surgery			
9. Varicosities/Phlebitis					19. Anesthesia			
10. Thyroid Disease					20. Other			

INFECTION HISTORY

	YES	NO			YES	NO
1. High risk for HIV?				5. Rash or viral illness since pregnant?		
2. High risk for Hepatiis B/Immunized?				6. History of STD, GC, Chlamydia, HPV or Syphilis?		
3. Exposed to Tuberculosis?				7. Positive Group B Strep w/prev preg.		
4. Patient or partner history of genital herpes?				8. History of Chicken Pox or vaccine?		

GENETIC SCREENING/TERATOLOGY COUNSELING

(includes patient, baby's father, and anyone in either side of family)

	YES	NO			YES	NO
1. Patient's age >35 yrs				7. Hemophilia		
2. Neural Tube Defect (Open spine)				8. Muscular Dystrophy		
3. Downs Syndrome or any genetic/ chromosomal disorder				9. Cystic Fibrosis		
4. Tay-Sachs				10. Huntington's Chorea		
5. Sickle Cell Disease or Trait				11. Mental Retardation (tested for Fragile X)		
6. Thalassemia				12. Child with birth defect not listed above		
			13. > Three 1st trimester miscarriages or a Stillbirth			

SIGNATURE

DATE