Do not write, stamp, punch holes or affix a sticker in this area.

Direction of Feed

Reproductive History

Please answer every question

To reproduce, follow the printing instructions. Do not fold this form.

PLEASE PRINT PATIENT'S LAST NAME

Marking Instructions

Please use a #2 pencil.
Fill in the complete oval as shown...

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month Day Year

PREGNANCY HISTORY

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15+
Number of pregnancies (include current):																
Number of live births:																
Number of vaginal deliveries:																
Number of C-sections:																
Number of miscarriages:																
Number of abortions:																
Number of ectopics (tubal pregnancy):																

Have you had any complications? (Mark all that apply. If none, mark "**NONE**".)

- breech
- bleeding
- diabetes
- premature labor
- high blood pressure
- pre-term delivery
- pre-term rupture of membrane(s)
- other
- **NONE**

BIRTH CONTROL

Which form(s) of birth control are you currently using?

- IUD
- pill
- patch
- condom
- ring
- rhythm
- Depo-Provera
- tubal ligation
- hysterectomy
- Nexplanon / Implanon
- vasectomy
- abstinence
- other
- **NONE**

PERIOD HISTORY

Age at 1st period:

9 10 11 12 13 14 15 16 17 18

Date of last period (1st day):

- uncertain
- not applicable

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

10 20 30

1 2 3 4 5 6 7 8 9

EXAMPLE
To answer the number 13, you would fill in the ovals like this:

10 20 30
1 2 3

Period interval # of days (1st day to 1st day):

10 20 30

1 2 3 4 5 6 7 8 9

Flow: light moderate heavy

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SAMPLE

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