



YOUR MEDICAL HISTORY

Please indicate if **YOU** have a history of any of the following.

(Mark all that apply. If none, mark "NONE.")

- anemia
- anxiety disorder
- asthma
- blood clots
- bleeding disorder
- breast cancer
- cancer
- chicken pox
- depression
- diabetes
- epilepsy / seizures
- gallbladder problems
- GYN cancer (cervical, uterine, ovarian)
- heart disease
- heart murmur
- history of taking antibiotics for dental work
- high blood pressure
- high cholesterol
- HIV exposure
- kidney problems
- liver disease
- PKU
- psychiatric problems
- rheumatic fever
- sickle cell trait or disease
- stomach / bowel problems
- stroke / CVA of the brain
- thyroid problems
- transfusion(s)
- varicose veins
- other
- NONE

SURGICAL HISTORY

Please indicate if **YOU** have had any of the following surgeries.

(Mark all that apply. If none, mark "I HAVE HAD NO SURGERIES.")

- I HAVE HAD NO SURGERIES
- cesarean section
- abdominal hysterectomy
- bladder surgery
- bowel surgery
- colon surgery
- incontinence surgery
- laparoscopies
- rectal surgery
- surgery on cervix
- vaginal hysterectomy
- other

FAMILY MEDICAL HISTORY

Please indicate if **YOUR FAMILY** has a history of any of the following.

(Only include parents, grandparents, siblings, and children.)

- FAMILY HISTORY UNKNOWN
- ADOPTED
- cesarean section
- diabetes
- heart attack
- tuberculosis
- sickle cell disease
- stroke
- thyroid disease
- high blood pressure
- breast cancer
- ovarian cancer
- uterine / endometrial cancer
- colon cancer
- clotting disorder / hereditary disease
- other
- NONE

GYN HISTORY

Please indicate if you have a history of any of the following.

(Mark all that apply. If none, mark "NONE.")

- tumors
- bleeding between periods
- vaginal discharge
- vaginal infection
- syphilis
- gonorrhea
- trichomonas
- DES exposure (Mark if your mother took DES during pregnancy.)
- chlamydia
- herpes
- genital warts
- HIV
- abnormal pap smear(s)
- abnormality(ies) of the uterus
- severe cramping
- severe pain during period
- cyst(s) of the ovary(ies)
- infertility
- sexual difficulty
- pain / bleeding during intercourse
- bothersome loss of urine
- urinary problems
- NONE

PREGNANCY HISTORY

	0	1	2	3	4	5	6	7	8	9	10
Number of pregnancies (include current)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of live births	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of vaginal deliveries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of C-sections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of miscarriages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of abortions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of ectopics (tubal pregnancy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

