Confidential Health History

Walnut Hill OB/Gyn

Updated 02/0	6/12										
Name:				Age: Date of Birth: Today's				Date:			
Primary Phone Number:				E-mail Address:							
Deferminer F	Neuroinian / Dava anu				Drime m. Co	ne Drevi	al a. m.				
Referring F	Physician / Person:				Primary Care Provider: Pharmacy Phone Number:						
Preferred Pharmacy Name:				Pharmacy Phone Number:							
Please des	cribe any special problems or	symptor	ns tha	t you w ould	like to discu	SS.					
PREV ENTI	VEHEALTH										
	Date of last:		<u> </u>		Date of las	t.			Date	of last:	
Pap			Blood	d Work	Date of lac			Bone Density	Date	01 1001	
Mammogra	m			noscopy							
_] Yes		d you accep	t blood prod	ucts?	□ Yes	☐ Heart Ek	(G:	Stress	Test [.]
-	[vvou							01000	1001.
MEDICAL											
	ck any past or current medica										
X = Y	ourself M = Mother F				B = Bro	ther	Maternal	= MGM or M	GF Pat	-	= PGM or PGF
		You	u	Family						You	Family
	e Disease (Lupus, MS, etc.)				Heart Dise						
Alzheimer's	6				Hemorrhoi	ds					
Anemia					Hepatitis						
Arthritis					High Blood	High Blood Pressure					
Bleeding Di	isorder				Irritable Bo	w el Syn	drome				
Blood Clots	in legs				Kidney Disease						
Blood Clots	in lungs				Lung Disease, Asthma						
Blood Disor	rders				Mental Illness, Depression						
Cancer Bre	east				Migraine Headache						
Cancer Col	lon				Osteoporosis						
Cancer Ov	arian				Seizure Disorder						
Cancers O	ther				Skin Disor	ders					
Diabetes					Stroke						
Drug/Alcoh	nol Abuse				Thyroid Disorder						
Frequent B	ladder Infections				Tuberculosis						
Gallbladder	Disease or Gallstones				Ulcers						
Hearing Pro	oblems				Other:						
SURGERIE	S										
Date:	Surgery:				Date:	Surge	ry:				
HOSPITAL	IZATIONS (Non-Surgical)										
Date: Problem / Diagnosis:				Comments	:						
CURRENT	MEDICATION										
List any M	EDICATIONS you are taking,	to inclu	de bir	th control p	ills , Tylenol	, A dvil,	Aspirin, oth	ner non-prescrip	otion mea	licine, v	itamins, herbs.
Medication	Name	Do	se	F requency of	Dose Med	ication N	lame		Do	DSE F	requency of Dose
											
				I							
				I						 	
Do yrai te'	o Coloium?										
Do you take	e Calcium? e Vitamin D?					s, amou					
•		1/14	<u>, </u>		-	s, amou	iit.				
Do you take	e a Multiple vitamin or Prenatal	vitamin'	<u>(</u>	🗆 Yes 🗖	INO						

Name:				DOB:		1	Date:				
MEDICATION ALLERGIES											
Do you have any medication	🗆 Yes	If yes, to w	hat?		What type of read	tion do you	u have?				
allergies?											
FOOD ALLERGIES											
Do you have any food	If yes, to w	hat?		What type of reac	tion do you	u have?					
allergies?											
ENVIRONMENTAL / LATEX A											
Do you have any					What type of reaction do you have?						
	□ No	<u> </u>									
MENSTRUAL HISTORY											
First day of last normal menstr	- Date:			Is menstrual pain or cramping a problem for you? □ Yes □ No Do you ever have spotting or bleeding in betw een your □ Yes □ No							
Age period began:						ng or bleed	aing in between yo	our 🗆 Yes 🗆 No			
Number of days between periods (# of days o					periods:						
Menstrual flow : Light		Medium	□ Heavy		Is PMS a problem for you? Yes No Do you perform self breast exams? Yes No						
How often do you change pad				moneor	3 1		<u>'</u>	🗆 Yes 🗆 No			
Do your periods regularly affect		-	-	nense:	5: Lvery II	0015		□ Yes □ No			
Method of birth control:		; in a negativ	ve way:								
	aphragm	□ Im	planon		Nuva Ring	□ Post M	lenopause 🛛	Vasectomy			
□ Contraceptive Pills □ Es					Foam, Jelly, etc		•	Other:			
	/sterectorr	-	ot Sexually Activ		Patch			None			
Are you interested in a different)						
REPRODUCTIVE PREGNANCY											
# of times pregnant:		of term delive	eries:		# of deliveries prior to 3	7 w eeks:	# of elective at	bortions:			
# of miscarriages:	# o	of ectopic pr	egnancies:		# of multiple births:		# of living child	lren:			
PREGNANCY DETAILS # 1					DDEONIA NOV DET ALL O						
PREGNANCT DETAILS # 1					PREGNANCY DETAILS	#2					
Date:	Type of d	telivery:	Complications:		Date:		e of delivery:	Complications:			
	Type of d □ Vagina	-	Complications:			Тур	be of delivery: Vaginal	Complications:			
Date:		al	Complications:		Date:	Тур	-	Complications:			
Date: # w eeks at delivery:	□ Vagina □ C-sec	al	Complications:		Date: # w eeks at delivery:	Typ	Vaginal	Complications:			
Date: # w eeks at delivery: Birth w eight: Sex of child: Name:	□ Vagina □ C-sec	al etion ve abortion	Complications:		Date: # w eeks at delivery: Birth w eight: Sex of child: Name:		Vaginal C-section	Complications:			
Date: # w eeks at delivery: Birth w eight: Sex of child:	□ Vagina □ C-sec □ ⊟ectiv	al etion ve abortion	Complications:		Date: # w eeks at delivery: Birth w eight: Sex of child:		Vaginal C-section Elective abortion	Complications:			
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Name:			Date of Birth: To		Today's Date:				
REPRODUCTIVE PREGNANCY HISTORY (continued)									
PREGNANCY DETAILS # 5	PREGNANCY DETAILS #6								
Date:	Type of delivery:	Complications:	Date:		Type of delivery:	Complications:			
# weeks at delivery:	🗆 Vaginal		# w eeks at	delivery:	🗆 Vaginal				
Birth w eight:	□ C-section		Birth w eigh	t:	□ C-section				
Sex of child:	□ Elective abortion		Sex of child	l:	Elective abortion				
Name:	🗆 Miscarriage		Name:		🗆 Miscarriage				
PREGNANCY DETAILS # 7	-		PREGNANCY DETAILS #8						
Date:	Type of delivery:	Complications:	Date:		Type of delivery:	Complications:			
# weeks at delivery:	🗆 Vaginal		# w eeks at	delivery:	🗆 Vaginal				
Birth w eight:	□ C-section		Birth w eigh	t:	□ C-section				
Sex of child:	□ ⊟ective abortion		Sex of child	1:	Elective abortion				
Name:	🗆 Miscarriage		Name:		🗆 Miscarriage				
PREGNANCY DETAILS # 9			PREGNANCY DETAILS # 10						
Date:	Type of delivery:	Complications:	Date:		Type of delivery:	Complications:			
# w eeks at delivery:	Vaginal		# w eeks at	delivery:	🗆 Vaginal				
Birth w eight:	□ C-section		Birth w eigh	t:	□ C-section				
Sex of child:	Elective abortion		Sex of child	1:	Elective abortion				
Name:	🗆 Miscarriage		Name:		🗆 Miscarriage				
PREGNANCY DETAILS # 11			PREGNANCY DETAILS # 12						
Date:	Type of delivery:	Complications:	Date:		Type of delivery:	Complications:			
# w eeks at delivery:	Vaginal		# w eeks at	delivery:	🗆 Vaginal				
Birth w eight:	□ C-section		Birth w eigh	t:	□ C-section				
Sex of child:	□ Elective abortion		Sex of child	l:	Elective abortion				
Name:	🗆 Miscarriage		Name:		🗆 Miscarriage				

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