HAROLD A. NORD, M.D.
OBSTETRICS AND GYNECOLOGY, S.C.

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Name_______________________________________ Birthday____________________ Date________________

Obstetric History Form

This form will be used to help your provider determine risk factors during your pregnancy. If you have any questions or are unsure about an area please ask your provider. Please check if you have/had:

MEDICAL HISTORY	Yes	No		Yes	No
Diabetes			Negative Blood Type		
High Blood Pressure			Lung Problems (Asthma/Tuberculosis)		
Autoimmune Disorder(Lupus)			Seasonal Allergies		
Kidney Disease (Urinary Tract Infections)			Drug Allergies/Latex Allergies		
Neuro Problems(Seizures/Migraines)			Breast Problems		
Mental Health Problems			Pelvic Surgery		
Liver Problems (Hepatitis)			Operations/Hospitalizations		
Vein Problems			Problems with Anesthesia		
Thyroid Disease			History of Abnormal Pap Smear		
Violence at home			Exposure to DES/ Born with Uterine Abnormality		
History of Blood Transfusions			Fertility Problems		
Smoke Cigarettes			Artificial Insemination/IVF		
Drink Alcohol					
Use Street Drugs					

INFECTION HISTORY	Self	Partner		Self	Partner
Exposure to Tuberculosis			Chlamydia		
Genital Herpes			HPV (Genital Warts)		
Rash or virus since last period			HIV		
Hepatitis B or C			Syphilis		
Gonorrhea			Other Infectious Diseases		

FAMILY HISTORY	Yes	No		Yes	No
Thalassemia			Muscular Dystrophy		
Neural Tube Defects			Cystic Fibrosis		
Heart Defects			Huntington's Chorea		
Down Syndrome			Mental Retardation/Autism		
Tay-Sachs			Other Genetic Disorders		
Canavan Disease			Metabolic disorder (Type 1 Diabetes/PKU)		
Familial Dysautonomia			Self or partner has child with birth defects		
Sickle Cell Disease or Trait			Recurrent pregnancy loss/stillbirth		
Hemophilia or Bleeding Disorders					

Medications since last menstrual period

Medication	Reason	Medication	Reason

OB/GYN HISTORY	Yes	No		Yes	No
Age <20 or >35			Abnormal labor		
Completed less than 8th grade			Negative blood type/Received Rhogam		
Small Pelvis			Problems with Anesthesia		
Small Stature-less than 5 feet tall			Cervical Incompetence		
Alcohol Use			Infection during delivery/ Group B strep		
Street Drug Use			Baby born with defects		
Cigarette Use			C-Section		
Abusive Relationship			Miscarriage or still birth		
Cats at home			Diabetes during pregnancy		
No family support			Hemorrhage during pregnancy		
Poor living environment			Newborn greater than 9 pounds		
Social Problems			Growth restricted fetus		
Cervical Surgery/Biopsies			Prenatal Care starting after 12 weeks		
Incompetent Cervix/Cervical Cerclage			Low birth weight infant		
Fertility Problems			Infant born with neurologic problems		
Uterine Surgery			Low Amniotic Fluid		
Abnormal Pap Smear			Excessive Amniotic Fluid		
Born with Uterine Abnormality			Pre-eclampsia/Toxemia in Pregnancy		
First Pregnancy			High Blood Pressure in Pregnancy		
5 or more pregnancies			Preterm Birth		
2 or more abortions			Premature Rupture of Membranes		
7 or more prior deliveries			Negative blood type/Received Rhogam		

PRESENT PREGNANCY	Yes	Provider Notes
2nd pregnancy in 12 months		
Bleeding		
Group B Strep positive		
Low Amniotic Fluid		
Excessive Amniotic Fluid		
Placenta Previa		
Placental Abruption		
Compliance Problems		
Premature Rupture of Membranes		
Threatened Premature Labor		
Uncertain Dates		
Excessive Weight Gain		
Failure to Gain Weight		