

Your
Hospital's
Logo
Here

CENTER FOR LIFE

HEALTH HISTORY SUMMARY

Patient Name: _____
 MR #: _____ SSN#: _____
 DOB: _____ Age: _____
 Address: _____

 Home Ph #: _____
 Race/Ethnicity: _____ Religion: _____
 Language: _____

Healthcare Provider: _____ Mother's Education Level: _____

DEMOGRAPHIC DATA

Marital Status: M S W D Name of Baby's Father: _____ Age of Father: _____
 Father's Education Level: _____

EMPLOYMENT DATA

Patient Employed: F/T P/T Occupation: _____ Work #: _____ Not Empl
 Father of Baby: F/T P/T Occupation: _____ Work #: _____ Not Empl

MENSTRUAL HISTORY

Menarche Interval Length Positive Pregnancy Blood
 Yrs: _____ Days: _____ Days: _____ Test: _____ / _____ / _____ Urine
 LMP: _____ / _____ / _____ Certain: Y N EDD by: Dates _____ / _____ / _____ OCP
 Ultrasound _____ / _____ / _____ No OCP

PREGNANCY HISTORY

Gravida: _____ Full Term: _____ Premature: _____ SAB: _____ VIP: _____ Ectopic: _____ Mult Births: _____ Live: _____

#	Month / Year	Infant Sex	Weight at Birth	Weeks Gestat'n	Hours in Labor	Type of Delivery	Anesthesia	Comments / Complications
1								
2								
3								
4								
5								
6								
7								

MEDICAL HISTORY

Check and detail POSITIVE FINDINGS below. Use reference numbers.

OBSTETRICS

1. Anemia _____
2. Fetal / Neonatal Death / Anomaly _____
3. Gestational Diabetes _____
4. Hemorrhage _____
5. Hyperemesis _____
6. Incompetent Cervix _____
7. Intrauterine Growth Retardation _____
8. Isoimmunization _____
9. Postpartum Depression _____
10. Preeclampsia / PIH _____
11. Preterm Labor or Birth _____
12. PROM - Chorioamnionitis _____
13. RH Neg _____

GYNECOLOGIC

14. Abnormal PAP _____
15. GYN Surgery / Cervical Surgery _____
16. Infertility _____

SEXUALLY TRANSMITTED DISEASES

17. Chlamydia
18. Gonorrhea
19. Herpes (HSV)
20. Syphilis

VAGINAL / GENITAL INFECTIONS

21. Trichomonas
22. Condylomata

OTHER INFECTIONS

23. Toxoplasmosis
24. Group B Streptococcus
25. Rubella
26. Chicken Pox
27. AIDS (HIV)
28. Hepatitis (Type _____)
29. Other _____
30. Other _____

PRINTED NAME: _____ SIGNATURE / TITLE: _____ DATE: _____

WHITE = Prenatal Chart

YELLOW = Labor & Delivery (@ 36 Weeks)

PART OF THE MEDICAL RECORD