

Name: _____

No Yes Obstetrics

- Pregnancy, current
Estimated delivery date (mm-dd-yyyy) _____
LMP (Last Menstrual Period) age _____
- Previous live births, number: _____
Birth dates of live births (mm-dd-yyyy)

Sexually Transmitted Diseases

Previous treatment for sexually transmitted disease, specify date (mm-yyyy) and treatment:

- Syphilis _____
 Gonorrhea _____

Endocrinology

- Diabetes
 Thyroid disease

Hematologic/Lymphatic

- Anemia
 Sickle Cell Disease
 Thalassemia
 Other hemoglobinopathy

Other

- An abnormal or reactive HIV blood test
Diagnosed _____
- Malignancy, specify: _____
- Kidney or Bladder disease
- Chronic liver disease (including hepatitis B or C)
- Previous treatment for Hansen's Disease
Treatment Completed (mm-yyyy) _____
- Food or drug allergies, specify:

- Other medical conditions requiring treatment, specify:

- Disabilities (including loss of arms or legs), specify:

- Have you ever been arrested or ticketed for DUI?
 Previous Surgeries (List all previous surgeries)

- Did you have chickenpox in the past?
Date of illness (mm-dd-yyyy) _____