

Arlington Perinatal Associates, PA

PATIENT HISTORY

Patient Name: _____ Date: _____

Date of Birth: _____ Age: _____ Referring Physician: _____

Marital Status: _____ Partner's Name: _____

Reason for Visit:
Signs and/or Symptoms Experiencing:

Total Number of Pregnancies (including this one): _____ Number of Living Children: _____

Month/Year of Pregnancy	Type of Delivery (c/s or vag)	Comments: (premature, abnormality, injury, disease with pregnancy, etc)

Date of last menstrual period: _____ Due date: _____

Are your periods regular (every 28-30 days)? _____ If no, how many days are in between your periods? _____

Circle which ever best describes the flow of your periods: HEAVY MODERATE LIGHT

Have you ever had a vaginal infection? (If yes, please explain below)
Have you ever had a sexually transmitted disease? Please explain below: (Chlamydia, gonorrhea, syphilis, genital warts, herpes, HIV)

SURGERY (Please list what type of surgery and year performed):	Year

Patient Name: _____ Date: _____

PLEASE INDICATE IF YOU HAVE OR HAVE HAD:	YES	NO	IF YES, BRIEFLY DESCRIBE:
Breast Disease			
Ovarian Cyst			
Blood Clots			
Infection of Uterus, tubes or ovaries			
Tumor of uterus			
Jaundice			
Cancer			
Seizures			
Pneumonia			
Diabetes			
High Cholesterol			
Migraines			
Kidney Disease			
Heart Disease			
Bleeding Tendencies			
High Blood Pressure			
Congenital Heart Disease			
Positive HIV or AIDS test			

Please list all prescription and over the counter medication you are currently taking:

Please list all medications to which you are allergic:

Please answer the following questions:	YES	NO	Indicate how often and how much below:
Do you drink?			
Do you smoke cigarettes?			
Do you take or use recreational drugs?			

Do you have a family history of any of the following:	YES	NO	If yes, please indicate relationship and a description below
Birth defects			
Cystic Fibrosis			
Thalassemia			
Sickle Cell Anemia			
Neural Tube Defect			
Heart Defects			
Unexplained mental retardation			
Chromosomal abnormalities (Downs syndrome, etc)			
Other			