



Lower Lights

Christian Health Center

OB Questionnaire

Name: _____ Date: _____

Father of the Baby: _____ Emergency Phone Number: _____

Date of Last Menstrual Period: _____

Are you sure of the Date? Yes/ No

Was this a normal period for you? Yes/ No

Have you had a pregnancy test? Yes/ No

If Yes, when and where? _____

Weight before Pregnancy: _____

Are you enrolled in WIC? Yes/ No

Would you like to breast or bottle feed your baby? Breast / Bottle

Do you know your blood type? Yes/ No

If so, what type? _____

Would you accept a blood transfusion if it was necessary to save your life? Yes/ No

Do you care for any pet cats? Yes/ No

Do you wear your seat belt? Yes/ No

Please complete the following pregnancy history. Use back of the form if you need additional space.

Number of pregnancies	Delivery Date	Full term? If pre-term, how many weeks?	Hours in Labor	Type of Delivery – vaginal or c-section?	Sex of Baby	Weight of Baby	Complications

*Complications include pre-term labor, pre-eclampsia or high blood pressure, bleeding, infection, bad tears/laceratio, and postpartum depression.

Have you ever had any of these medical problems?

Autoimmune disorder

Varicose Veins

Breast Problems

Urinary tract or kidney infection

Trauma / Violence

History of abnormal pap smear

Depression or postpartum depression

History of blood transfusion

Complications due to Anesthesia

Latex Allergy

Infertility

Have you ever had or been exposed to the following infections?

(Have you ever had or been exposed to the following infections?)

Tuberculosis	Chlamydia	Hepatitis B
Genital herpes or warts	Syphilis	Hepatitis C
Gonorrhea	Other sexually transmitted diseases	HIV

Does the mother, the father, or any relatives of the baby have a history of genetic problems?

Thalassemia	Familial Dysautonomia	Mental Retardation
Neural Tube Defect	Sickle Cell Disease or Trait	Autism
Congenital Heart Defect	Hemophilia or other blood disorder	Recurrent pregnancy loss or stillbirth
Down's Syndrome	Muscular Dystrophy	Other inherited/genetic disorders
Tay-Sachs Disease	Cystic Fibrosis	
Canavan Disease		
Huntington Chorea		

Who will be the baby's pediatrician? _____

Medications: _____

