



**Women's Health Center of Northfield Hospital**

2000 North Avenue  
Northfield, MN 55057-1697

Patient Information Sticker

Date: \_\_\_\_\_

**PERSONAL MEDICAL AND OBSTETRICAL HISTORY**

Please provide the following information regarding your past OB history, including the number of pregnancies, the date (month/year), type of delivery (C-section or vaginal), etc., for each pregnancy. Finish on the back of this sheet, if you need more space.

Total # of pregnancies	Full term	Premature	Abortions	Miscarriages	Ectopics	Twins, etc.	# Living

Date	Weeks of gestation	Length of labor	Birth weight	Sex M / F	Type of delivery	Anes-thesia	Place of delivery	Pre-term labor?	Complications / comments?

1.  Yes  No Are you currently taking any medications? If "yes," please list them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please check if you now have or have ever had any of the following:

- Cancer
- Migraine headaches
- High blood pressure
- Anorexia / bulimia
- Hepatitis
- Anemia
- HIV / AIDS
- Thyroid problems
- Heart disease
- Bowel / G.I. problems
- Diabetes
- Asthma
- Bleeding problems
- Sexually transmitted infections
- Epilepsy
- Lupus or arthritis
- Kidney disease
- Depression / mental illness
- Blood clots
- Herpes
- Frequent urinary tract infections

Describe your condition, if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.  Yes  No Have you ever had surgery? If "yes," please list date and operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.  Yes  No Do you have any religious objections to any form of medical treatment (blood transfusions, etc.) if deemed necessary?  
If "yes," please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continued, over....)

## SOCIAL HISTORY

1. Are you?:  Married  Single  Divorced  Separated  Widowed  Significant other
2. Occupation: \_\_\_\_\_
3.  Yes  No Do you have exposure to chemicals or radiation?
4.  Yes  No Do you smoke? If "yes," how many cigarettes per day? \_\_\_\_\_
5.  Yes  No Do you drink alcohol? If "yes," number of drinks per day: \_\_\_\_\_  
Number of drinks per day before pregnancy: \_\_\_\_\_
6.  Yes  No Have you used any street drugs since your last period? If "yes," which ones? \_\_\_\_\_  
\_\_\_\_\_
7.  Yes  No Are you on a restricted diet (vegetarian, vegan, low carb, low fat, diabetic, etc.?) If "yes," please describe: \_\_\_\_\_  
\_\_\_\_\_

## FAMILY AND GENETIC HISTORY

1.  Yes  No Have you or has the baby's father had a child born with a birth defect? If "yes," please describe: \_\_\_\_\_  
\_\_\_\_\_
2.  Yes  No Did you or did the baby's father have a birth defect? If "yes," describe: \_\_\_\_\_  
\_\_\_\_\_
3.  Yes  No Do you or does the baby's father have a history of multiple pregnancy losses (miscarriages or stillborns)? If "yes," have you had genetic testing?  Yes  No
4.  Yes  No Has anyone in your family or the baby's father's family had a child with any abnormality such as mental retardation, birth defects, or inherited disease like cystic fibrosis, muscular dystrophy, or hemophilia? If "yes," please describe: \_\_\_\_\_  
\_\_\_\_\_
5.  Yes  No Are you or is the baby's father of Eastern European (Ashkenazi) Jewish ancestry? If "yes," have you had Tay-Sachs screening?  Yes  No Have you had Canavan screening?  Yes  No
6.  Yes  No Are you or is the baby's father African or African-American? If "yes," have you had sickle cell screening?  Yes  No
7.  Yes  No Are you or is the baby's father Caucasian? If "yes," have you had cystic fibrosis screening?  Yes  No
8.  Yes  No Are you or is the baby's father of Mediterranean or Southeast Asian ancestry? If "yes," have you had screening for thalassemia (inherited anemias)?  Yes  No
9.  Yes  No Will you be 35 years old or older at the time of delivery?

## PSYCHOSOCIAL SCREENING

1.  Yes  No Do you have a history of depression, or are you currently depressed?
2.  Yes  No Do you feel safe where you live?
3.  Yes  No Are you currently being physically, emotionally, or sexually mistreated?
4.  Yes  No Have you ever been physically, emotionally, or sexually mistreated?
5.  Yes  No Are there any problems (job, transportation, etc.) that may make it hard for you to make it to your appointments?