

DATE _____
 NAME _____
 LAST FIRST MIDDLE
 ID # _____ HOSPITAL OF DELIVERY _____
 NEWBORN'S PHYSICIAN _____ REFERRED BY _____

FINAL EDD _____		PRIMARY PROVIDER/GROUP _____	
BIRTH DATE MONTH DAY YEAR	AGE	RACE	MARITAL STATUS S M W D SEP
OCCUPATION		EDUCATION (LAST GRADE COMPLETED)	
LANGUAGE		ZIP	PHONE (H) (O)
HUSBAND/DOMESTIC PARTNER		PHONE	
FATHER OF BABY		PHONE	
INSURANCE CARRIER/MEDICAID #		POLICY #	
EMERGENCY CONTACT		PHONE	
TOTAL PREG	FULL TERM	PREMATURE	AB, INDUCED
AB, SPONTANEOUS		ECTOPICS	MULTIPLE BIRTHS
LIVING			

MENSTRUAL HISTORY

LMP DEFINITE APPROXIMATE (MONTH KNOWN) MENSES MONTHLY YES NO FREQUENCY: Q _____ DAYS MENARCHE _____ (AGE ONSET)
 UNKNOWN NORMAL AMOUNT/DURATION PRIOR MENSES _____ DATE ON BCP AT CONCEPT YES NO hCG + ___/___/___
 FINAL _____

PAST PREGNANCIES (LAST SIX)

DATE MONTH/ YEAR	GA WEEKS	LENGTH OF LABOR	BIRTH WEIGHT	SEX M/F	TYPE DELIVERY	ANES.	PLACE OF DELIVERY	PRETERM LABOR YES/NO	COMMENTS/ COMPLICATIONS

MEDICAL HISTORY

	<input type="radio"/> Neg. + Pos.	DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT		<input type="radio"/> Neg. + Pos.	DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT
1. DIABETES			17. D (Rh) SENSITIZED		
2. HYPERTENSION			18. PULMONARY (TB, ASTHMA)		
3. HEART DISEASE			19. SEASONAL ALLERGIES		
4. AUTOIMMUNE DISORDER			20. DRUG/LATEX ALLERGIES/ REACTIONS		
5. KIDNEY DISEASE/UTI			21. BREAST		
6. NEUROLOGIC/EPILEPSY			22. GYN SURGERY		
7. PSYCHIATRIC			23. OPERATIONS/ HOSPITALIZATIONS (YEAR & REASON)		
8. DEPRESSION/POSTPARTUM DEPRESSION			24. ANESTHETIC COMPLICATIONS		
9. HEPATITIS/LIVER DISEASE			25. HISTORY OF ABNORMAL PAP		
10. VARICOSITIES/PHLEBITIS			26. UTERINE ANOMALY/DES		
11. THYROID DYSFUNCTION			27. INFERTILITY		
12. TRAUMA/VIOLENCE			28. RELEVANT FAMILY HISTORY		
13. HISTORY OF BLOOD TRANSFUS.			29. OTHER		
	AMT/DAY PREPREG	AMT/DAY PREG	# YEARS USE		
14. TOBACCO					
15. ALCOHOL					
16. ILLICIT/RECREATIONAL DRUGS					

COMMENTS _____

ACOG ANTEPARTUM RECORD (FORM A)