Initial OB Visit

Central Texas OB/GYN Associates

Updated 10/24/11

Name:	**Date:**

Husband's Name:	Complaints since last menstrual period:
Cycles: ☐ Regualr ☐ Irregular	
Date of last pap smear: ☐ Normal ☐ Abnormal	What symptoms have you experienced:
Type of pregnancy test: ☐ Blood ☐ Urine	
When wasy pregnancy test performed: # Days	Past medical conditions:
Quantity of menses: ☐ Very light ☐ Normal ☐ Light ☐ Heavy	

Number of pregnancies:	Maternal Hx: ☐ Gestational Diabetes ☐ Preclampsia ☐ Preterm labor ☐ Hypertension ☐ Eclampsia ☐ Preterm delivery ☐ Pregnancy induced hypertension ☐ Hyperemesis gravidarum ☐ An incompetent cervix

Substance use: ☐ Alcohol ☐ Cocaine ☐ Amphetamines ☐ Tobacco ☐ Marijuana ☐ Street drugs	Cats: ☐ Inside ☐ No ☐ Yes ☐ Outside
Weight changes: ☐ Weight gain # of pounds: ☐ Weight loss	Close contact with children: ☐ No ☐ Yes
Domestic violence: ☐ No ☐ Yes	Chicken pox: ☐ No ☐ Yes

Patients age > / = 35 at EDC: ☐ No ☐ Yes	Cystic fibrosis: ☐ No ☐ Yes
Thalassemia MCV < 80: ☐ Italian ☐ Mediterranean ☐ No ☐ Yes ☐ Greek ☐ Asian	Huntington's Chorea: ☐ No ☐ Yes
Neural tube defect: ☐ Spina bifida ☐ Meningomyelocele ☐ No ☐ Yes ☐ Anencephaly	Mental retardation/autism: If yes, person tested for Fragile X: ☐ No ☐ No ☐ Yes ☐ Yes
Congenital heart defect: ☐ No ☐ Yes	Other inherited genetic or chromosomal disorder: ☐ No ☐ Yes
Down syndrome: ☐ No ☐ Yes	Maternal metabolic disorder: ☐ DM ☐ Other: ☐ No ☐ Yes ☐ PKU
Tay-Sachs: ☐ Jewish ☐ No ☐ Yes ☐ French Canadian	Patient or FOB with a child with a birth defect not listed above: ☐ No ☐ Yes
Canavan's Disease: ☐ No ☐ Yes	Patinet or FOB with a birth defect themselves: ☐ No ☐ Yes
Sickle cell disease or trait: ☐ African ☐ No ☐ Yes	Recurrent pregnancy loss, or stillbirth: ☐ No ☐ Yes
Hemophila or other blood disorders: ☐ No ☐ Yes	Any medications since LMP other than prenatal vitamins: ☐ No ☐ Yes (include vitamins, supplements, OTC meds, drugs, alcohol)
Muscular dystrophy: ☐ No ☐ Yes	Any other genetic/environmental exposure to discuss: ☐ No ☐ Yes

Lives with someone with TB or TB exposed: ☐ No ☐ Yes	Rash or viral illness since LMP: ☐ No ☐ Yes
Patient or partner has history of genital herpes: ☐ No ☐ Yes	History of STD: ☐ No ☐ Yes