

Name:

**Tidewater Physicians for Women  
New Obstetric Patient Questionnaire**

SSN:

DOB:

Are you:  single  married  divorced  widowed  domestic same-sex partner

**Gynecologic History: (mark all that apply)**

Menstrual history: Duration of flow (days) \_\_\_\_\_ Frequency of cycle \_\_\_\_\_ Age at first period \_\_\_\_\_

Date of last: Mammogram \_\_\_\_\_ Colonoscopy \_\_\_\_\_

Abnormal Pap/dysplasia:  treatments and date \_\_\_\_\_

Recent birth control:

Birth control pills  Depo-provera  Nuvaring  Condoms  Tubal ligation  Vasectomy  Abstinence

Include date for:  Mirena IUD \_\_\_\_\_  Paragard IUD \_\_\_\_\_  Skyla IUD \_\_\_\_\_  Implanon \_\_\_\_\_

Essure \_\_\_\_\_

Endometriosis  Infertility  Fibroids

Genital herpes  Gonorrhea  Chlamydia  Pelvic inflammatory disease  HIV  HPV/genital warts  Syphilis

**Medications Including Vitamins and Herbs (list name, dose and frequency):**

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

**Drug Allergies and Adverse Reaction:**

\_\_\_\_\_

**Past or Current Medical History (conditions are currently or have been treated):**  None

- |   |   |
|---|---|
| <input type="checkbox"/> Anemia _____                           | <input type="checkbox"/> Heart condition _____            |
| <input type="checkbox"/> Anesthesia complication _____          | <input type="checkbox"/> Heart disease _____              |
| <input type="checkbox"/> Anxiety disorder _____                 | <input type="checkbox"/> Hepatitis _____                  |
| <input type="checkbox"/> Asthma _____                           | <input type="checkbox"/> High blood pressure _____        |
| <input type="checkbox"/> Birth defects/inherited diseases _____ | <input type="checkbox"/> Kidney disease _____             |
| <input type="checkbox"/> Blood clot in your vein or lungs _____ | <input type="checkbox"/> Kidney or bladder problems _____ |
| <input type="checkbox"/> Breast cancer _____                    | <input type="checkbox"/> Osteopenia _____                 |
| <input type="checkbox"/> Colon cancer _____                     | <input type="checkbox"/> Osteoporosis _____               |
| <input type="checkbox"/> Depression _____                       | <input type="checkbox"/> Ovarian cancer _____             |
| <input type="checkbox"/> Diabetes _____                         | <input type="checkbox"/> Other cancer _____               |
| <input type="checkbox"/> High cholesterol _____                 | <input type="checkbox"/> Psychiatric illness _____        |
| <input type="checkbox"/> Gastrointestinal problems _____        | <input type="checkbox"/> Pancreatic Cancer _____          |
| <input type="checkbox"/> Headaches or migraines _____           | <input type="checkbox"/> Thyroid problems _____           |
| <input type="checkbox"/> Other: _____                           | <input type="checkbox"/> Vitamin D deficiency _____       |

Is blood transfusion acceptable in an emergency?  Yes  No. Have you ever received a blood transfusion?  Yes  No

**Genetics Screening and Teratology Counseling**

Include patient, baby's father, or anyone in either family with :

- |   |   |   |
|---|---|---|
| Y | N | Patient's age > 35 years on delivery date                           |
| Y | N | Thalassemia (Italian, Greek, Mediterranean, or Asian background)    |
| Y | N | Neural tube defect (meningomyelocele, spina bifida, or anencephaly) |
| Y | N | Congenital heart defect   |
| Y | N | Down syndrome   |
| Y | N | Tay-Sachs disease (Ashkenazi Jewish, Cajun, French Canadian)        |
| Y | N | Canavan disease (Ashkenazi Jewish)                                  |
| Y | N | Familial dysautonomia   |
| Y | N | Sickle cell disease or sickle cell trait                            |
| Y | N | Hemophilia or blood disorder  |
| Y | N | Muscular dystrophy  |
| Y | N | Cystic fibrosis   |
| Y | N | Huntington's chorea   |
| Y | N | Mental retardation---if yes, was the person tested for Fragile X?   |
| Y | N | Autism---if yes, was the person tested for Fragile X?               |
| Y | N | Varicella   |

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Tidewater Physicians for Women

New Obstetric Patient Questionnaire (contd)

- Y N Other inherited genetic or chromosomal disorder \_\_\_\_\_
- Y N Maternal metabolic disease (ex.: Type 1 diabetes, PKU)
- Y N Patient or baby's father with a child with a birth defect not listed above \_\_\_\_\_
- Y N Medications or illicit/recreational drug use since last menstrual period \_\_\_\_\_

**Infection**

- Y N Live with someone with TB or exposed to TB
- Y N Pet cats indoor/outdoor
- Y N Viral illness with rash since last menstrual period
- Y N Patient or partner with known herpes

**Dates of Vaccines**

MMR \_\_\_\_\_ Rubella \_\_\_\_\_ Tetanus \_\_\_\_\_

**Surgical History: (Mark all that apply and date surgery performed):**  I have not had any surgeries.

- Abdominoplasty \_\_\_\_\_
- Appendectomy \_\_\_\_\_
- Bariatric (gastric bypass) \_\_\_\_\_
- Cholecystectomy (gallbladder) \_\_\_\_\_
- Multiple abdominal surgeries \_\_\_\_\_
- Dilatation & curettage (D&C) \_\_\_\_\_
- Ectopic pregnancy \_\_\_\_\_
- Endometrial ablation \_\_\_\_\_
- Hysteroscopy \_\_\_\_\_
- Laparoscopy for \_\_\_\_\_
- Laparotomy (abdominal exploration) \_\_\_\_\_
- Other: \_\_\_\_\_
- Breast biopsy \_\_\_\_\_
- Breast implants \_\_\_\_\_
- Lump removed from breast \_\_\_\_\_
- Mastectomy \_\_\_\_\_
- Thyroid surgery \_\_\_\_\_
- LEEP/cone biopsy \_\_\_\_\_
- Myomectomy \_\_\_\_\_
- Ovary removal:  Both \_\_\_\_\_  Left \_\_\_\_\_  Right \_\_\_\_\_
- Ovarian cyst removed \_\_\_\_\_
- Tubal ligation \_\_\_\_\_
- Tube removal:  Both \_\_\_\_\_  Left \_\_\_\_\_  Right \_\_\_\_\_

**Family History (indicate which relative and maternal/paternal side and age at diagnosis):**

- No breast, gynecologic, colon cancer or malignant melanoma
- Breast cancer \_\_\_\_\_  Uterine/endometrial cancer \_\_\_\_\_
- Colon cancer \_\_\_\_\_  Malignant melanoma \_\_\_\_\_
- Ovarian cancer \_\_\_\_\_  Pancreatic Cancer \_\_\_\_\_
- Other: \_\_\_\_\_

**Social History:**

Occupation/employer \_\_\_\_\_

Have you ever been sexually active?  No  Yes: Age at first sexual intercourse \_\_\_\_\_ Number of lifetime partners \_\_\_\_\_  
Number of current sexual partners \_\_\_\_\_ Protected sex? \_\_\_\_\_ Oral sex? \_\_\_\_\_  
Partner preference:  Male  Female  Both

Smoking Status:  Never Smoked  Former smoker, quit when \_\_\_\_\_  Current Smoker: How many a day? \_\_\_\_\_

Do you drink alcohol? Amount and frequency \_\_\_\_\_ Have you had problems with alcohol?  Yes  No  
Do you currently use or used in the past street drugs:  Marijuana  Cocaine  Heroin  Narcotic dependence  
 Methamphetamines  Hallucinogens  Other \_\_\_\_\_

Have you been treated for a drug or alcohol problem in the past?  No  Yes

Have you experienced:

- Domestic abuse? \_\_\_\_\_  Sexual abuse? \_\_\_\_\_
- Physical abuse? \_\_\_\_\_  None

Since you have been pregnant, have you been:

- Hit, Slapped, Kicked or Physically Hurt  Forced To Have Sexual Activities
- Emotionally Abused By Someone  None

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**Tidewater Physicians for Women  
New Obstetric Patient Questionnaire (contd)**

Primary Care Physician: \_\_\_\_\_

Patient Pharmacy: \_\_\_\_\_ Location/Phone # \_\_\_\_\_

**Pregnancy Outcomes**

**Pregnancy #1**  Miscarriage date \_\_\_\_\_  Abortion date \_\_\_\_\_  Ectopic pregnancy date \_\_\_\_\_  
 Birth (if baby delivered, please continue with this section):

Birth date (Month/day/year): \_\_\_\_\_ Multiple pregnancy  Twins  Triplets  Other  
Hospital/City and state of birth \_\_\_\_\_ Delivering physician \_\_\_\_\_  
Weeks of gestation \_\_\_\_\_ Length of labor \_\_\_\_\_ (hrs) Birth weight \_\_\_\_\_ lb \_\_\_\_\_ oz  
Gender  Male  Female Child's name \_\_\_\_\_  
Type of birth  Vaginal  Cesarean  Forceps  Vacuum  Vaginal delivery after previous cesarean section  
Pregnancy outcome  Live birth healthy  Live infant died within 28 days  Stillborn  
Anesthesia  None  Epidural  Spinal  General anesthesia  Other

**Symptoms during pregnancy:**

Y	N	Bleeding during pregnancy	Y	N	Polyhydramnios (excess amniotic fluid)
Y	N	Hypertension	Y	N	Oligohydramnios (inadequate amniotic fluid)
Y	N	Pre-eclampsia	Y	N	Gestational diabetes
Y	N	Non reassuring fetal test	Y	N	Premature rupture of membranes
Y	N	Incompetent cervix	Y	N	Premature labor

**Complications during birth:**

Y	N	Baby born with birth defects	Y	N	Cervix did not dilate
Y	N	Baby showed signs of distress in labor	Y	N	Labor did not progress
Y	N	Bleeding in labor	Y	N	Baby did not come down
Y	N	Infection/fever in labor	Y	N	Baby was breech
Y	N	Positive Group B strep	Y	N	Failed VBAC
Y	N	Pre-eclampsia with magnesium sulfate used	Y	N	Induction of labor
Y	N	Premature birth	Y	N	Shoulder dystocia
Y	N	Baby went to newborn intensive care	Y	N	Other birth complication:

**Symptoms during postpartum:**

Y	N	Blood transfusion	Y	N	Postpartum fever
Y	N	Poor wound healing of cesarean	Y	N	Poor wound healing of episiotomy
Y	N	Breast infection/mastitis	Y	N	Retained placenta with D&C
Y	N	Excessive bleeding after birth			

**Pregnancy #2**  Miscarriage date \_\_\_\_\_  Abortion date \_\_\_\_\_  Ectopic pregnancy date \_\_\_\_\_  
 Birth (if baby delivered, please continue with this section):

Birth date (Month/day/year): \_\_\_\_\_ Multiple pregnancy  Twins  Triplets  Other  
Hospital/City and state of birth \_\_\_\_\_ Delivering physician \_\_\_\_\_  
Weeks of gestation \_\_\_\_\_ Length of labor \_\_\_\_\_ (hrs) Birth weight \_\_\_\_\_ lb \_\_\_\_\_ oz  
Gender  Male  Female Child's name \_\_\_\_\_  
Type of birth  Vaginal  Cesarean  Forceps  Vacuum  Vaginal delivery after previous cesarean section  
Pregnancy outcome  Live birth healthy  Live infant died within 28 days  Stillborn  
Anesthesia  None  Epidural  Spinal  General anesthesia  Other

Name:

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Tidewater Physicians for Women

New Obstetric Patient Questionnaire (contd)

**Symptoms during pregnancy:**

- |   |   |                           |   |   |   |
|---|---|---------------------------|---|---|---|
| Y | N | Bleeding during pregnancy | Y | N | Polyhydramnios (excess amniotic fluid)      |
| Y | N | Hypertension              | Y | N | Oligohydramnios (inadequate amniotic fluid) |
| Y | N | Pre-eclampsia             | Y | N | Gestational diabetes                        |
| Y | N | Non reassuring fetal test | Y | N | Premature rupture of membranes              |
| Y | N | Incompetent cervix        | Y | N | Premature labor                             |

**Complications during birth:**

- |   |   |   |   |   |                           |
|---|---|---|---|---|---------------------------|
| Y | N | Baby born with birth defects              | Y | N | Cervix did not dilate     |
| Y | N | Baby showed signs of distress in labor    | Y | N | Labor did not progress    |
| Y | N | Bleeding in labor                         | Y | N | Baby did not come down    |
| Y | N | Infection/fever in labor                  | Y | N | Baby was breech           |
| Y | N | Positive Group B strep                    | Y | N | Failed VBAC               |
| Y | N | Pre-eclampsia with magnesium sulfate used | Y | N | Induction of labor        |
| Y | N | Premature birth                           | Y | N | Shoulder dystocia         |
| Y | N | Baby went to newborn intensive care       | Y | N | Other birth complication: |

**Symptoms during postpartum:**

- |   |   |                                |   |   |                                  |
|---|---|--------------------------------|---|---|----------------------------------|
| Y | N | Blood transfusion              | Y | N | Postpartum fever                 |
| Y | N | Poor wound healing of cesarean | Y | N | Poor wound healing of episiotomy |
| Y | N | Breast infection/mastitis      | Y | N | Retained placenta with D&C       |
| Y | N | Excessive bleeding after birth |   |   |                                  |

**Pregnancy #3**  Miscarriage date \_\_\_\_\_  Abortion date \_\_\_\_\_  Ectopic pregnancy date \_\_\_\_\_  
 Birth (if baby delivered, please continue with this section):

Birth date (Month/day/year): \_\_\_\_\_ Multiple pregnancy  Twins  Triplets  Other \_\_\_\_\_  
Hospital/City and state of birth \_\_\_\_\_ Delivering physician \_\_\_\_\_  
Weeks of gestation \_\_\_\_\_ Length of labor \_\_\_\_\_ (hrs) Birth weight \_\_\_\_\_ lb \_\_\_\_\_ oz  
Gender  Male  Female Child's name \_\_\_\_\_  
Type of birth  Vaginal  Cesarean  Forceps  Vacuum  Vaginal delivery after previous cesarean section  
Pregnancy outcome  Live birth healthy  Live infant died within 28 days  Stillborn  
Anesthesia  None  Epidural  Spinal  General anesthesia  Other \_\_\_\_\_

**Symptoms during pregnancy:**

- |   |   |                           |   |   |   |
|---|---|---------------------------|---|---|---|
| Y | N | Bleeding during pregnancy | Y | N | Polyhydramnios (excess amniotic fluid)      |
| Y | N | Hypertension              | Y | N | Oligohydramnios (inadequate amniotic fluid) |
| Y | N | Pre-eclampsia             | Y | N | Gestational diabetes                        |
| Y | N | Non reassuring fetal test | Y | N | Premature rupture of membranes              |
| Y | N | Incompetent cervix        | Y | N | Premature labor                             |

**Complications during birth:**

- |   |   |   |   |   |                           |
|---|---|---|---|---|---------------------------|
| Y | N | Baby born with birth defects              | Y | N | Cervix did not dilate     |
| Y | N | Baby showed signs of distress in labor    | Y | N | Labor did not progress    |
| Y | N | Bleeding in labor                         | Y | N | Baby did not come down    |
| Y | N | Infection/fever in labor                  | Y | N | Baby was breech           |
| Y | N | Positive Group B strep                    | Y | N | Failed VBAC               |
| Y | N | Pre-eclampsia with magnesium sulfate used | Y | N | Induction of labor        |
| Y | N | Premature birth                           | Y | N | Shoulder dystocia         |
| Y | N | Baby went to newborn intensive care       | Y | N | Other birth complication: |

Name:

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DOB:

**Tidewater Physicians for Women**

**New Obstetric Patient Questionnaire (contd)**

**Symptoms during postpartum:**

Y N Blood transfusion

Y N Poor wound healing of cesarean

Y N Breast infection/mastitis

Y N Excessive bleeding after birth

Y N Postpartum fever

Y N Poor wound healing of episiotomy

Y N Retained placenta with D&C

***(Your previous pregnancy histories can impact your current pregnancy. If you have had more than three pregnancies, please ask the staff for additional Pregnancy History forms.)***

Name:

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Tidewater Physicians for Women

New Obstetric Patient Questionnaire (pregnancies contd)

**Pregnancy #4**  Miscarriage date \_\_\_\_\_  Abortion date \_\_\_\_\_  Ectopic pregnancy date \_\_\_\_\_

Birth (if baby delivered, please continue with this section):

Birth date (Month/day/year): \_\_\_\_\_

Multiple pregnancy  Twins  Triplets  Other

Hospital/City and state of birth \_\_\_\_\_ Delivering physician \_\_\_\_\_

Weeks of gestation \_\_\_\_\_ Length of labor \_\_\_\_\_ (hrs) Birth weight \_\_\_\_\_ lb \_\_\_\_\_ oz

Gender  Male  Female Child's name \_\_\_\_\_

Type of birth  Vaginal  Cesarean  Forceps  Vacuum  Vaginal delivery after previous cesarean section

Pregnancy outcome  Live birth healthy  Live infant died within 28 days  Stillborn

Anesthesia  None  Epidural  Spinal  General anesthesia  Other

Symptoms during pregnancy:

Y N Bleeding during pregnancy

Y N Hypertension

Y N Pre-eclampsia

Y N Non reassuring fetal test

Y N Incompetent cervix

Y N Polyhydramnios (excess amniotic fluid)

Y N Oligohydramnios (inadequate amniotic fluid)

Y N Gestational diabetes

Y N Premature rupture of membranes

Y N Premature labor

Complications during birth:

Y N Baby born with birth defects

Y N Baby showed signs of distress in labor

Y N Bleeding in labor

Y N Infection/fever in labor

Y N Positive Group B strep

Y N Pre-eclampsia with magnesium sulfate used

Y N Premature birth

Y N Baby went to newborn intensive care

Y N Cervix did not dilate

Y N Labor did not progress

Y N Baby did not come down

Y N Baby was breech

Y N Failed VBAC

Y N Induction of labor

Y N Shoulder dystocia

Y N Other birth complication:

Symptoms during postpartum:

Y N Blood transfusion

Y N Poor wound healing of cesarean

Y N Breast infection/mastitis

Y N Excessive bleeding after birth

Y N Postpartum fever

Y N Poor wound healing of episiotomy

Y N Retained placenta with D&C

**Pregnancy #5**  Miscarriage date \_\_\_\_\_  Abortion date \_\_\_\_\_  Ectopic pregnancy date \_\_\_\_\_

Birth (if baby delivered, please continue with this section):

Birth date (Month/day/year): \_\_\_\_\_

Multiple pregnancy  Twins  Triplets  Other

Hospital/City and state of birth \_\_\_\_\_ Delivering physician \_\_\_\_\_

Weeks of gestation \_\_\_\_\_ Length of labor \_\_\_\_\_ (hrs) Birth weight \_\_\_\_\_ lb \_\_\_\_\_ oz

Gender  Male  Female Child's name \_\_\_\_\_

Type of birth  Vaginal  Cesarean  Forceps  Vacuum  Vaginal delivery after previous cesarean section

Pregnancy outcome  Live birth healthy  Live infant died within 28 days  Stillborn

Anesthesia  None  Epidural  Spinal  General anesthesia  Other

Symptoms during pregnancy:

Y N Bleeding during pregnancy

Y N Hypertension

Y N Pre-eclampsia

Y N Non reassuring fetal test

Y N Incompetent cervix

Y N Polyhydramnios (excess amniotic fluid)

Y N Oligohydramnios (inadequate amniotic fluid)

Y N Gestational diabetes

Y N Premature rupture of membranes

Y N Premature labor

Name:

SSN:

DOB:

**Tidewater Physicians for Women  
New Obstetric Patient Questionnaire (contd)**

Complications during birth:

- |     |   |     |                           |
|-----|---|-----|---------------------------|
| Y N | Baby born with birth defects              | Y N | Cervix did not dilate     |
| Y N | Baby showed signs of distress in labor    | Y N | Labor did not progress    |
| Y N | Bleeding in labor                         | Y N | Baby did not come down    |
| Y N | Infection/fever in labor                  | Y N | Baby was breech           |
| Y N | Positive Group B strep                    | Y N | Failed VBAC               |
| Y N | Pre-eclampsia with magnesium sulfate used | Y N | Induction of labor        |
| Y N | Premature birth                           | Y N | Shoulder dystocia         |
| Y N | Baby went to newborn intensive care       | Y N | Other birth complication: |

Symptoms during postpartum:

- |     |                                |     |                                  |
|-----|--------------------------------|-----|----------------------------------|
| Y N | Blood transfusion              | Y N | Postpartum fever                 |
| Y N | Poor wound healing of cesarean | Y N | Poor wound healing of episiotomy |
| Y N | Breast infection/mastitis      | Y N | Retained placenta with D&C       |
| Y N | Excessive bleeding after birth |     |                                  |

**Pregnancy #6**  Miscarriage date \_\_\_\_\_  Abortion date \_\_\_\_\_  Ectopic pregnancy date \_\_\_\_\_  
 Birth (if baby delivered, please continue with this section):

Birth date (Month/day/year): \_\_\_\_\_ Multiple pregnancy  Twins  Triplets  Other  
Hospital/City and state of birth \_\_\_\_\_ Delivering physician \_\_\_\_\_  
Weeks of gestation \_\_\_\_\_ Length of labor \_\_\_\_\_ (hrs) Birth weight \_\_\_\_\_ lb \_\_\_\_\_ oz  
Gender  Male  Female Child's name \_\_\_\_\_  
Type of birth  Vaginal  Cesarean  Forceps  Vacuum  Vaginal delivery after previous cesarean section  
Pregnancy outcome  Live birth healthy  Live infant died within 28 days  Stillborn  
Anesthesia  None  Epidural  Spinal  General anesthesia  Other

Symptoms during pregnancy:

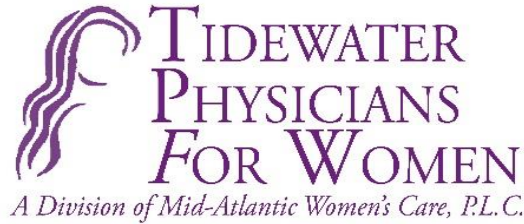
- |     |                           |     |   |
|-----|---------------------------|-----|---|
| Y N | Bleeding during pregnancy | Y N | Polyhydramnios (excess amniotic fluid)      |
| Y N | Hypertension              | Y N | Oligohydramnios (inadequate amniotic fluid) |
| Y N | Pre-eclampsia             | Y N | Gestational diabetes                        |
| Y N | Non reassuring fetal test | Y N | Premature rupture of membranes              |
| Y N | Incompetent cervix        | Y N | Premature labor                             |

Complications during birth:

- |     |   |     |                           |
|-----|---|-----|---------------------------|
| Y N | Baby born with birth defects              | Y N | Cervix did not dilate     |
| Y N | Baby showed signs of distress in labor    | Y N | Labor did not progress    |
| Y N | Bleeding in labor                         | Y N | Baby did not come down    |
| Y N | Infection/fever in labor                  | Y N | Baby was breech           |
| Y N | Positive Group B strep                    | Y N | Failed VBAC               |
| Y N | Pre-eclampsia with magnesium sulfate used | Y N | Induction of labor        |
| Y N | Premature birth                           | Y N | Shoulder dystocia         |
| Y N | Baby went to newborn intensive care       | Y N | Other birth complication: |

Symptoms during postpartum:

- |     |                                |     |                                  |
|-----|--------------------------------|-----|----------------------------------|
| Y N | Blood transfusion              | Y N | Postpartum fever                 |
| Y N | Poor wound healing of cesarean | Y N | Poor wound healing of episiotomy |
| Y N | Breast infection/mastitis      | Y N | Retained placenta with D&C       |
| Y N | Excessive bleeding after birth |     |                                  |



## Photo and Social Media Consent Form

In accordance with the HIPAA privacy act we must have your consent to display any photograph or digital image of you or your child. With your consent we may post photographs, birth announcements, or holiday cards, etc., on social media or to our practice bulletin board. If you do not wish to have your photo, or the photo of your child posted in our offices or on our social media sites, then please do not send or give our staff any photographs or digital images of you or your baby. You must give us consent to display your photo before you post images or PHI to our social media sites. Your photograph is considered protected health information. Providing us with your photograph in any format, in any media form, will be deemed consent for us to use or disclose this PHI on our social media or our practice bulletin board.

With my affixed signature below, I hereby authorize Tidewater Physicians for Women use of my photo, image, and/or likeness for the reasons listed above without any initial or future expectation of compensation.

---

Signature

Date

---

Printed Name

---

Witness Signature

Date