

**Women's Health Center of Dickson  
Patient Medical History Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Last Menstrual Period \_\_\_\_\_

Do you need a prescription for nausea and vomiting? \_\_\_\_\_

Would you like your flu shot today? \_\_\_\_\_

**Medical problems:** (Please circle any that apply)

Hypertension (high blood pressure)

Thyroid problems

Mitral valve prolapse

Ulcers

Blood clots in legs or lungs

Liver Disease

Other heart problems

Hepatitis

Lupus

Kidney infections

Asthma

Seizures

Diabetes

Depression/Bipolar

Other: \_\_\_\_\_

Please list any allergies to medications: \_\_\_\_\_

Please list all past surgeries and/or hospitalizations:

\_\_\_\_\_

Please list all medications you are taking:

\_\_\_\_\_

When was your last pap smear and what was the result?

\_\_\_\_\_

Do you use tobacco products or vape? If so, how much? \_\_\_\_\_

Do you drink alcohol or any other drug use? \_\_\_\_\_

Have you had chicken pox? \_\_\_\_\_

Are there cats in your home? \_\_\_\_\_

Are you or the father of Jewish ancestry? \_\_\_\_\_

Have you ever been diagnosed with Herpes Simples Virux? \_\_\_\_\_

## **Obstetrics History**

During your previous pregnancies, did you have any of the following problems? Please circle:

Stillbirth

Gestational Diabetes

Blood Transfusion

Fetal growth restriction

Amniotic fluid: too much or too little

Postpartum depression

Hyperemesis (excessive Nausea or Vomiting)

Other: \_\_\_\_\_

Preterm labor

Toxemia/Preeclampsia

Eclampsia/Seizures

Rupture of Membranes before 37 weeks

Hypertension

Forceps or Vacuum delivery

Birth defects in baby

Group B Strep infection in baby

## **Genetics History**

Have you, anyone in your family, or anyone in the father of the baby's family ever had any of the following genetic problems? Please circle:

Cerebral Palsy

Cleft lip/Palate

Congenital Heart Defect

Cystic Fibrosis

Down Syndrome

Hemophilia

Mental retardation

Muscular Dystrophy

Spina Bifida (open spine)

Sickle cell disease or trait

Tay Sachs disease

Thalassemia

Canavan's Disease

Huntington's Chorea

Do you or the father of the baby have any close relatives from Africa, Eastern Europe (Ashekenazi), Italy, Greece, or other Mediterranean countries, the Philippines, or Southeast Asia? **Yes** or **No**

**Thank you for your time!**