Bay Area Community
.........Birth Center

Date: _____________

Name:	D.O.B.
Occupation:	Employer:

Reason for Visit: ____

PAST MEDICAL & FAMILY HISTORY: PLEASE INDICATE IF YOU (PERS) OR ANY BLOOD RELATIVE (FAM) HAD ANY OF THE FOLLOWING

PERS	FAM			PERS	FAM
		Wt. Gain/Loss	Blood Transfusions		
		Headaches/Migraine	Anemia/Blood Disorder		
		Heart Disease □ Valvular Dis □ Rheumatic Dis □	Varicose Veins/Phlebitis		
		High Blood Pressure	Diabetes		
		High Cholesterol	Thyroid Disease		
		Respiratory Disease Pulmonary (Lung)	Cancer (Type) (Type)		
		Breast Disease	Epilepsy/Neurological Dis		
		Jaundice/Hepatitis	Arthritis – Joint Pain		
		Hiatal Hernia (Reflux)	Osteoporosis (Fragile Bones)		
		Peptic Ulcer	Skin Disease		
		Bowel Disease	Anxiety/Depression		
		Kidney Disease	Sleep Problems		
		Urinary Incontinence	Urinary Infections		

HOSPITAL ADMISSIONS: LIST THOSE OPERATIONS & SERIOUS ILLNESS WHICH REQUIRED HOSPITALIZTION (EXCLUDING PREGNANCY)

YEAR	REASON FOR ADMISSION/HOSPITAL

MEDICATIONS: LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING (DOSAGE-FREQUENCY) INCLUDE OVER THE COUNTER DRUGS

Drug Allergies:	

MENSTRUAL HISTORY: AGE AT FIRST PERIOD: _____ IF MENSTRUATING – DATE OF LAST PERIOD (1ST day) __________

PERIOD INTERVAL-Number of (1ST day to 1st day) days? ____ DURATION OF BLEEDING? ____ CRAMPS Y N □Mild □Mod □Severe □Always Present Medications Y for Cramps N

VAGINAL INFECTIONS: History of: □Yeast □Trichomonas □Chlamydia □Herpes □Gonorrhea

PAP TEST	DATE OF LAST TEST	□ NORMAL	MAMMOGRAM	DATE OF LAST TEST	□ NORMAL	
		□ ABNORMAL			□ ABNORMAL	
CONTRACEPTIVE HISTORY	CURRENT METHOD		IF PILL BRAND		PAST METHODS	
OBSTETRICAL HISTORY	NUMBER OF PREG	PREMATURE BABIES	MISCARRIAGES	ABORTIONS	LIVING CHILDREN	
MENOPAUSAL HISTORY	HOT FLASHES □ Y □ N		VAGINAL DRYNESS □ Y □ N		PALPITATIONS □ Y □ N	
DISRUPTED HOME/WORK FUNCTION □Y□N		EXCESSIVE FATIGUE □ Y □ N		MEMORY LOSS □ Y □ N		
SEXUAL HISTORY	□ SATISFACTORY		□ UNCOMFORTABLE		□ WISH TO DISCUSS	
SOCIAL HISTORY	SMOKING CIG/DAY	NO. OF YEARS	ALCOHOL OZ/WK	COFFEE CUPS/DAY	STREET DRUGS	