



**Reproductive History: Menstrual Cycle**

Age at first period? \_\_\_\_\_ If menopausal, age of menopause: \_\_\_\_\_

How often do you get your menstrual cycle? Every \_\_\_\_\_ days, lasting \_\_\_\_\_ days.

Are your cycles?  Regular  Irregular  
 Are you sexually active?  Never  Not currently  Yes

**Method of contraception:**

Not Needed  Vasectomy  Rhythm Method  Implanon  Tubal Ligation  
 None  Condoms  NuvaRing  Mirena IUD  Essure  
 Pill  Patch  Depo Provera  ParaGuard IUD  Other \_\_\_\_\_

**Obstetrical History**

Please list all pregnancies, including miscarriages, abortions, and ectopic pregnancies. Please include full birthdate.

**Type:** vaginal, C/S, forceps, or vacuum**Anesthesia:** epidural, local, general, spinal**Complications:** EXAMPLES: preterm labor, diabetes, bleeding, high blood pressure, postpartum depression.

If preterm labor, were medications used?

**PAST PREGNANCIES**

	Birthdate	Weeks	Length of Labor	Baby's Weight	Sex	Type of Delivery	Anesthesia	Complications	Location
EXAMPLE:	01/15/75	40	12	6 lb. 2 oz.	F	Vaginal	Epidural	HBP, Gest. Diabetes.	HCGH

**Social History**

Occupation: \_\_\_\_\_

Are you?  Married  Single  Engaged  Significant other  Divorced  Widowed  Same Sex Partner

Significant other's name: \_\_\_\_\_ Phone# \_\_\_\_\_

Other emergency contact name: \_\_\_\_\_ Phone # \_\_\_\_\_

Tobacco Use:  Never  Current \_\_\_ # of Cigarettes per day  Former, Quit at age \_\_\_\_\_

Any alcohol use? YES NO \*If yes, the average number of drinks per week \_\_\_\_\_

Do you use street drugs? YES NO \*If yes, the type used and last use \_\_\_\_\_

How many times and how long per week do you exercise? (circle) 1X 2X 3X 4X 5X+  
Per session: 20 mins. 30 mins 45 mins 60+ minsDo you eat a healthy diet?  Daily  Some  No

Any history of violence or abuse in your current household or in your past? \_\_\_\_\_ NO \_\_\_\_\_ YES

Do you have any cultural or religious considerations that need special attention? \_\_\_\_\_ NO \_\_\_\_\_ YES

\*\*\*Subject to the needs of your health, a scheduled appointment may be changed  
 by the provider to a different type of appointment. \_\_\_\_\_ (Please Initial)

Patient signature \_\_\_\_\_ Date: \_\_\_\_\_

