Rex OBGYN
New Pregnancy Form

Patient's Name _____

Baby's Father's Name _____

Baby's Father's Date of Birth _____

Baby's Father's Phone Number _____

Baby's Pediatrician _____

Your Allergies _____

Date of Last Menstrual Cycle _____

Date of Last Pap Smear and results _____

If abnormal, what was the treatment _____

Your Total # of Pregnancies _____

Please list your last five deliveries in the chart below.

Delivery Date	Weeks at time of delivery	Baby's Weight	Epidural Yes or No	Vaginal, C-Section, or V-Bac	Any Complications

Any Major Operations _____

Do you have any religious or other objections to any form of medical treatment such as a blood transfusion? _____

What Pharmacy do you use? _____

Do you use tobacco? _____ If yes, how much per day? _____

Do you drink alcoholic beverages? _____ If yes, how often? _____

Please list any medications taken since your last period, including over-the-counter medications_____

_____

Please list any drugs used in the past (i.e. cocaine, marijuana, pain medication, meth, etc)

_____

_____

Have you ever had gonorrhea, chlamydia, or herpes? _____

If yes, when and what was the treatment? _____

Have you ever had pelvic inflammatory disease? _____

If yes, when and what was the treatment? _____

Please list any other concerns you have related to your past health history.

_____

_____

Please describe any abnormalities that have occurred in children in your family or the baby's father's family (for example, mental retardation, birth defects, deformities, congenital heart defects, down's syndrome, or inherited diseases like hemophilia, muscular dystrophy or cystic fibrosis)

_____

_____

Some genetic problems occur more in couples with certain racial or ancestral backgrounds. Please indicate if either you or the baby's father is one of these backgrounds?

Jewish ancestry? _____If yes, have you had Tay-Sachs screening tests? _____

Date: _____ Result: _____

African-American? _____If yes, have you had Sickle Cell screening? _____

Date: _____ Result: _____

Do you have cats? _____