

Obstetrical History

Patient Name	Age	Date
Have you had a previous ultrasound of this pregnancy? ☐ Yes ☐ No		
If so When?		Where?
During current pregnancy, between 11-14 cency screen? ☐ Yes ☐ No	weeks, did y <mark>ou h</mark>	ave blood drawn for nuchal translu-
If screen performed, were the results	□ Normal □	Abnormal Pending
If abnormal, increased risk for Downs? During current pregnancy, between 15-20 triple screen (AFP)? ☐ Yes ☐ No		
If screen performed, were the results If abnormal, increased risk for Downs?	□ Normal □ Yes □ I	_
		?
Clinical History - (Complete only once pe	pregnancy)	
Number of times pregnant (G)		AMNIO ONLY
Number of Children (P) Number of Miscarriages (M) Number of Abortions (A)		Blood Type RH Factor
What trimester(s) were your miscarria Any pre existing maternal illness?		
Prior pregnancy history of: Yes C Yes C Yes C Yes C Yes C Yes C	No Small for	(gestational) gestional age fetus, weight
Were you treated with: Aspirin th	erapy 🛭 stero	pids ?
Were there third trimester problems in a p	rior pregnancy?	If so, be specific
Prior history of pre-term labor: Yerior history of premature rupture of mem If pre-term delivery, at what gestational a	branes:	Yes No weeks.
	s □ No Tocol s □ No Breat	ysis (anti-contraction medication) thine
. □ Ye □ Ye □ Ye	s 🛮 No Cervi	nectomy cal cerclage cal cone of leep biopsy
Any prior pregnancies or family history (por babies born with problems? Ye What type?	s 🛮 No Chron	nosome abnormality? 🔲 Yes 🗎 No