GWINNETT OB/GYN ASSOCIATES, P.C. 1700 Tree Lane Road • Suite 290 • Snellville, GA 30078 • (770) 972-0330

Prenatal Record

Date:														
Name:														
	Last				First		Middle Maider				Date of Birth			
							S M W D SEP							
Age	age Religion Race				Country of Birth Marital Status (Pleas				JS (Please circ	cle one) Occupation				
Address					Phone Number					nber	Education			
Name of Father of Child						Н	lis Age	s Age Ht. Wt.			Father of Child's Occupation			
()				())			
Your	Busine	ess Phone			Fatl	her of Child's	Busine	ess Phon	Ŷ	our Cell Ph	one			
FAMILY HISTORY: List relationsh Tuberculosis Hypertension Heart Disease Diabetes Neurological Significant Diseases:				ip of family	of family member with any of the fol Psychological Epilepsy Allergies Multiple Births Birth Defects				Cancer: C B V C U			Colon Breast Vagina/Vulva Cervix Uterus Ovaries Other:		
		AL HISTORY:										A	mount (circle one)	
Onse		Years	Interval		Days	Dura	ation	Days			Lt. Mod. Hvy.			
		last menstrual p		V	Vas it normal?			/pe of last of birth control			When last used?			
YOUR PERSONAL PRIOR MEDICAL HISTORY				0 NEG. √ POS.	REMARKS				RY SINCE Y NSTRUAL	0 NEG. √POS	REMARKS			
		se/Murmurs			Douche									
		Pressure		 	Nausea/Voi									
	ma, TB	Bowel Disease	-/ Uonatitis	+				Heada	igestion/Constipation					
		ney Disease/Infecti		+				Bleeding (Specify)						
		Chlamydia/Sy						Vaginal Discharge						
Genit	tal War	rts or Herpes						Swelling						
		der/Gyn. Surge						Abdominal Pain						
		ure/Abnormal		<u> </u>				Urinary Problems						
Nervous and Mental Problems				 				Viral Infection						
Diabetes/Thyroid Problems Phlebitis, Varicosities				 			Other Illness/Fever X-rays			er				
Epilepsy, Neurological Disorder				 				A-rays						
Drug Allergies				+ +				Medications/including OTC						
Drug Abuse/History of Use								Tobacco Use					□ Pt. Coun	
Blood Disease/Transfusions							Drug Use						□ Pt. Coun	
Canc	er					Alcohol Use					<u> </u>		□ Pt. Coun	
Rh, ABO Sensitivity							HIV Exposure						□ Pt. Coun	
Operations, Accidents, Hospitalization							Cats/Raw Meats (Toxo Risks)					□ Pt. Coun		
Anesthetic Complications Have you had Chicken Pox?				 			Other							
Have	you na	ad Chicken Fo	OX?					Tattoos	<u> </u>					
PREVIOUS PREGNANCIES: Full Term Premature Abortion/Miscarriage/Ectopic/Mole Now Alive Multiple Births														
No.	Year	Hospital		Length of Pregnancy				of Pain Weight elief of Child		-	Complications Mother Child		Comments/ Sex of Child	
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