

PATIENT NAME: _____ DOB: _____

NEW OB MEDICAL INFORMATION

FATHER OF BABY (OR OTHER CONTACT): _____ RELATIONSHIP: _____ PHONE: _____

TOTAL PREGNANCIES: _____ TERM: _____ PRETERM: _____ MISCARRIAGE: _____ ABORTION: _____ ECTOPIC: _____

DATE	SEX	WEIGHT	VAGINAL/VACUUM/FORCEPS/C-SECTION	LIVING	EPIDURAL	HRS IN LABOR	COMPLICATIONS
	☐ M ☐ F			☐ Y ☐ N	☐ Y ☐ N		
	☐ M ☐ F			☐ Y ☐ N	☐ Y ☐ N		
	☐ M ☐ F			☐ Y ☐ N	☐ Y ☐ N		
	☐ M ☐ F			☐ Y ☐ N	☐ Y ☐ N		

*LIST ALL MEDICATIONS AND DOSAGES (INCLUDING OVER-THE-COUNTER MEDICATION):

MEDICATION NAME	DOSAGE	DIRECTIONS

New Surgeries since last visit: _____

MEDICAL HISTORY

Uterine Anomaly ☐ Y ☐ N	Blood Clot/DVT ☐ Y ☐ N	RH(D) Sensitized ☐ Y ☐ N
Autoimmune Disease ☐ Y ☐ N	Transfusions ☐ Y ☐ N	Herpes Virus ☐ Y ☐ N
Infertility IVF ☐ Y ☐ N	Surgery on Cervix ☐ Y ☐ N	Other STDs ☐ Y ☐ N

FAMILY HISTORY Have you or any relative, including father and his family ever had:

☐ Spina Bifida/Heart Defect	☐ Chromosomal Disorder	☐ Down Syndrome/Trisomy
☐ Tay Sachs	☐ Fragile X Syndrome	☐ Hemophilia
☐ Cystic Fibrosis	☐ Muscular Dystrophy	☐ Other Birth Defect
☐ Canavan Disease	☐ Spinal Muscular Atrophy	☐ Familial Dysautonomia
☐ Huntington's Disease	☐ Sickle Cell/Thalassemia	☐ Developmental Delay

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PATIENT NAME: _____

DOB: _____

Ultrasound Informed Consent

My doctor has recommended an ultrasound. I understand that this ultrasound is to be performed to check fetal growth, fetal number, fetal heart rate, dating of my pregnancy, as well as other information that will be helpful in following my pregnancy. I understand that a routine ultrasound is not performed to detect congenital defects, although occasionally certain large defects may be identified. I also understand that ultrasounds are only 75% accurate in determining the sex of my baby and are not specifically performed for this purpose.

By signing this form, I acknowledge that I have been given all the information that I desire concerning this procedure and have had all my questions answered.

Patient's Signature _____ Date _____

Print Name: _____

Witness _____ Date _____
(Optional)