

OB/GYN HISTORY FORM

Chart#	

10031 Sherrill Blvd | Knoxville | TN 37932 | p: 865.540.1650 | f: 865.246.4755

Name:						Date of Birth:		Di	ate:		
PAST MEDICAL HISTORY											
	Yes	No	Details				Yes	No	Details		
Cancer					E	levated Cholesterol					
Thyroid Disorder					~	1itral Valve Prolapse					
Diabetes					F	lypertension					
Asthma					-	leart Disease					
Migraine					K	idney Stones					
Seizures					L	rinary Tract Infection (UTI)					
Anemia						leartburn					
Sickle Cell Anemia					lr	ritable Bowel Syndrome					
HIV					С	holelithiasis					
Hepatitis					⊢	lemorrhoids					
DVT					С	viverticulitis					
Coagulation Disorder					Р	eptic Ulcer					
Osteoporosis					G	ilaucoma					
Depression					E	mphysema					
Ovarian Cyst					В	reast Cancer					
HPV					F	ibrocystic Breast					
Abnormal Pap Smear					В	reast Cyst					
Previous STD					O	ther:					
Fibroids											
Endometriosis											
SURGICAL HISTORY											
List Surgery									Date		
ALLERGIES/REACTION											
Allergy to							Re	acti	on .		
3,							+				
							+				
SOCIAL HISTORY											
				Yes	No					Yes	No
Smoke						Exercise					
If yes, pk/day fo	r		years								
Drink Alcohol						Domestic Violence (Past or	Pres	ent)			
If yes, oz/day for	r		years			Domestic violence (rast or	1103	ici ic)			
Drug Use						Married Status:					
If yes, type:						Married Status: Married Wi	dow		Divorced	Si	ngle
											-
Caffeine Use						Occupation					
Seat Belt Use											



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Breast Cancer Ovarian Cancer Colon Cancer Uterine Cancer Hypertension Heart disease Stroke Thyroid Disorders Diabetes PREGNANCY HISTORY Total Number of pregnancies: # of Full term (37 + weeks): # of Miscarriages:	# of Premature:		Hotel Bill M Add Add Add Add Add Add Add Add Add A	ast Menstrual low often: irth control m lenopause? .ge of 1st Mens CREENING TH ap Smear lammogram folonoscopy lexa Scan	nethod: Yes No If yes, struation:	How long: at what age? Result			
Hypertension Heart disease Stroke Thyroid Disorders Diabetes PREGNANCY HISTORY Total Number of pregnancies: # of Full term (37 + weeks): # of Miscarriages:	# of Premature:		Bill M At	irth control management of the control of the contr	Yes No If yes, struation:	at what age?			
Colon Cancer Uterine Cancer Hypertension Heart disease Stroke Thyroid Disorders Diabetes PREGNANCY HISTORY Total Number of pregnancies: # of Full term (37 + weeks): # of Miscarriages:	# of Premature:		M A A	denopause? Ige of 1st Mens CREENING TE Ightharp Smear Idammogram Idolonoscopy	Yes No If yes, struation:				
Uterine Cancer Hypertension Heart disease Stroke Thyroid Disorders Diabetes PREGNANCY HISTORY Total Number of pregnancies: # of Full term (37 + weeks): # of Miscarriages:	# of Premature:		A! SC Per	ge of 1st Mens CREENING TH ap Smear Iammogram Tolonoscopy	struation:				
Stroke Thyroid Disorders Diabetes PREGNANCY HISTORY Total Number of pregnancies: # of Full term (37 + weeks): # of Miscarriages:	# of Premature:		- S(- Pa - M	CREENING TE ap Smear Iammogram	ESTS	Result			
Heart disease Stroke Thyroid Disorders Diabetes PREGNANCY HISTORY Total Number of pregnancies: # of Full term (37 + weeks): # of Miscarriages:	# of Premature:		Ра М	ap Smear Iammogram		Result			
Thyroid Disorders Diabetes PREGNANCY HISTORY	# of Premature:		Ра М	ap Smear Iammogram		Result			
Thyroid Disorders Diabetes PREGNANCY HISTORY Total Number of pregnancies: # of Full term (37 + weeks): # of Miscarriages:	# of Premature:		- M	lammogram colonoscopy		Result			—
PREGNANCY HISTORY Total Number of pregnancies: # of Full term (37 + weeks): # of Miscarriages:	# of Premature:		- M	lammogram colonoscopy					
PREGNANCY HISTORY Total Number of pregnancies: # of Full term (37 + weeks): # of Miscarriages:	# of Premature:		Co	colonoscopy					
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Total Number of pregnancies: # of Full term (37 + weeks): # of Miscarriages:	# of Premature:		, L	exa Scan					
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# of Miscarriages:	# of Premature:								—
	и								
Date of delivery	# of Abortions:								
	Pregnancy details, Inclu	ude: typ	pe of d	delivery, birth v	veight, weeks pr	egnant at delivery,	, complications		
VACCINES (Are you up to date on th	e following vaccinations?)								
		Yes	No				Ye	s	No
Tdap				HPV/ Garda	asil				
Hepatitis A				MMR/ Rube	ella				
Hepatitis B				Seasonal Fl	lu				
Coronavirus (COVID-19)									