



Health History Summary

Maternal/Newborn Record System™

To order call: 1.800.247.2343

Date mo / day / yr

Re-order No. 5870N

PATIENT IDENTIFICATION

Patient's name _____
 Home address _____
 _____ STREET _____
 _____ CITY _____ STATE _____ ZIP _____

Age _____ Date of birth mo / day / yr _____ Race or ethnicity _____ Religion _____ Marital status _____ Years married _____ Education _____
 Social Security number _____ Occupation _____ Work Tel. no. _____ Home Tel. no. _____
 Alternate contact _____ Relation to patient _____ Work Tel. no. _____ Home Tel. no. _____
 Referring physician _____ Attending physician _____ OPTIONAL FOR INSURANCE, ETC.

Medical History

- | | Patient | Family |
|----------------------------------|--------------------------|--------------------------|
| 1. Congenital anomalies | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Genetic diseases | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Multiple births | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Diabetes mellitus | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Malignancies | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Hypertension | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Heart disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Rheumatic fever | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Pulmonary disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. GI problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Renal disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Genitourinary tract problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Abnormal uterine bleeding | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Infertility | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Venereal disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Phlebitis, varicosities | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Neurologic disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Metabol./endocrine disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Anemia/ hemoglobinopathy | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Blood disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Drug abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Smoking/alcohol use | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Infectious diseases | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Operations/accidents | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Allergies/meds sensitivity | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Blood transfusions | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Other hospitalizations | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. No known disease/problems | <input type="checkbox"/> | <input type="checkbox"/> |

Check and detail positive findings including date and place of treatment. Precede findings by reference number.

Preexisting Risk Guide

Indicates pregnancy / outcome at risk

31. Age less than 15 or greater than 35
32. Less than 8th grade education
33. Cardiac disease (class I or II)
34. Tuberculosis, active
35. Chronic pulmonary disease
36. Thrombophlebitis
37. Endocrinopathy
38. Epilepsy (on medication)
39. Infertility (treated)
40. 2 abortions (spontaneous/induced)
41. 7 or more deliveries
42. Previous preterm or SGA infants
43. Infants greater than or equal to 4,000 gms
44. Isoimmunization (ABO, etc.)
45. Hemorrhage during previous preg.
46. Previous preeclampsia
47. Surgically scarred uterus
48. Preg. without familial support
49. Second pregnancy in 12 months
50. Smoking (1 or more packs per day)
51. _____
52. _____
53. _____

Indicates pregnancy/outcome at high risk

54. Age 40 or older
55. Diabetes mellitus
56. Hypertension
57. Cardiac disease (class III or IV)
58. Chronic renal disease
59. Congenital /chromosomal anomalies
60. Hemoglobinopathies
61. Isoimmunization (Rh)
62. Alcohol or drug abuse
63. Habitual abortions
64. Incompetent cervix
65. Prior fetal or neonatal death
66. Prior neurologically damaged infant
67. Significant social problems
68. _____
69. _____
70. _____

Menstrual History	Onset age	Cycle q.	Length days	Amount days	LMP mo/day/yr	M P	E D C	quality

Pregnancy History	Grav	Term	Pret	Abort	Live	LMP mo/day/yr	M P	E D C

No.	Month/year	Wks. gest.	Hrs. in labor	Type of delivery	Location	Details of delivery: Include anesthesia and maternal or newborn complications. Use Risk Guide numbers where applicable.
1						
2						
3						
4						
5						
6						
7						
8						

Historical Risk Status

71. No risk factors noted
72. At risk
73. At high risk

Signature _____