

# Mountain Vista OB/GYN and Midwifery



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## OB Health History Intake

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

Will you be 35 or older when the baby is born?

No Yes

Do you have a cat that lives with you?

No Yes

### Infection History

Do you or your partner have a history of Genital Herpes?

No Yes, if so who: \_\_\_\_\_

Do you or your partner have a history of sexually transmitted

Do you or your partner have a history of Hepatitis B or C?

No Yes, if so who: \_\_\_\_\_

Disease? (Chlamydia, Gonorrhea, HPV, HIV Syphilis)

No Yes, if so who: \_\_\_\_\_

Have you been exposed to dangerous drugs, chemicals,

Radiation or infection?

No Yes, if so who: \_\_\_\_\_

### Family History

What major health problems run in your family?

- Diabetes
- Heart Disease
- Hypertension
- Blood Clots
- Liver Disease
- Thyroid Disease
- Kidney Disease
- Mental Health Problems
- Cancer

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

### Genetic History

Is there anyone in your family or your baby's father's family, with any of the following genetic problems? (Siblings, parents, grandparents)

- Down Syndrome (Mongolism)
- Spina Bifida or Meningocele (open Spine)
- Hemophilia or other blood abnormalities
- Muscular Dystrophy
- Thalassemia
- Cystic Fibrosis
- Huntington's Disease
- Sickle Cell Disease (African)
- Tay-sachs or Canavan (Ashkanazi Jewish)
- Mental retardation or other types
- Babies born with heart or kidney problems
- Frequent miscarriages or stillbirths
- Child with birth defects
- Other genetic problems: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

No Yes, if so who: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_