

OB QUESTIONNAIRE

Patient Name: _____

1. Have you ever had any of the following infections?
 - A. Chlamydia Yes No
 - B. Condyloma Yes No
 - C. Gonorrhea Yes No
 - D. Hepatitis Yes No
 - E. Herpes Yes No
 - F. Syphilis Yes No
 - G. Trichomonas Yes No

If you have had a previous pregnancy, please answer the following questions

2. Were you ever treated for preterm labor? Yes No
If yes, how early did it start? _____ weeks gestation
3. Did you deliver before 36 weeks gestation? Yes No
4. Did you have hypertension (High Blood Pressure)? Yes No
If yes, did you need bed rest? Yes No or Medication? Yes No
5. Was your labor induced? Yes No
If yes, at what week? _____ Why? _____
6. Did you have diabetes? Yes No
If yes, were you on medication? Yes No What? _____
7. Did you have Group B Strep? Yes No
8. Did you have any bleeding problems? Yes No
9. Have you ever had an ectopic pregnancy? Yes No
10. Have you ever had any problems with the delivery of your placenta? Yes No
11. Did you deliver by cesarean section? Yes No
12. Have you had any other pregnancy complications? Yes No