



# FOR WOMEN HEALTH CARE

Ayodele Olowookere, M.D., P.A.  
Obstetrics & Gynecology

## NEW OB PAPERWORK

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Day of Last Period \_\_\_\_\_ on birth control? \_\_\_\_\_

How old were you when you first began menstruating? \_\_\_\_\_  
Are they predictable \_\_\_\_\_ How often? \_\_\_\_\_ Length of flow? \_\_\_\_\_ days

Date of Pregnancy test \_\_\_/\_\_\_/\_\_\_

Pregnancy weight \_\_\_\_\_

Father of the baby's name \_\_\_\_\_

Have you have any vaginal spotting with this pregnancy? \_\_\_\_\_

Have you had any nausea/vomiting? \_\_\_\_\_

Date of last Pap smear? \_\_\_\_\_ Name of Doctor who performed Pap smear? \_\_\_\_\_

Medications currently taking \_\_\_\_\_  
\_\_\_\_\_

Drug Allergies? \_\_\_\_\_  
\_\_\_\_\_

### Pregnancy History:

How many children do you have? \_\_\_\_\_

How many were born premature? \_\_\_\_\_

How many cesarean sections? \_\_\_\_\_

How many miscarriages? \_\_\_\_\_

How many abortions? \_\_\_\_\_

Any complications with pregnancies? Yes No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Have you or the father of the baby been exposed to HIV, Herpes, or Tuberculosis? \_\_\_\_\_

Have you or the father of the baby ever had an STD? \_\_\_\_\_

If yes, please explain \_\_\_\_\_



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If you have had any surgeries before, please describe below:

Date	Type of surgery
1	
2	
3	
4	
5	

## Personal Medical History

History	Y/N	History	Y/N	History	Y/N
Seasonal, Food Environmental Allergies		Diabetes		Abuse, molested, raped or assaulted	
Anemia		Heart Disease		Utrine Abnormalities	
Asthma		Hypertension		Blood Clots	
Autoimmune Disorders		Liver Problems		Abnormal Pap Smears	
Infertility		Blood Transfusions		Neurological Problems	
Breast Disorders		Kidney Problems		Depression	
Psychiatric Disorder		Thyroid Problems			

Do you have Cats at home? \_\_\_\_\_

Have you had the Chicken Pox? \_\_\_\_\_

Is the father of the baby in good health? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Amount per day? \_\_\_\_\_ How many years? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ Amount per week? \_\_\_\_\_

Has anyone in your family or the father of the baby's family had any of these?

Disorder	Y/N	Who?	Disorder	Y/N	Who?
Spina Bifida			Autism		
Down Syndrome			Mental retardation		
Congenital Heart Defects			Muscular Dystrophy		
Cystic Fibrosis			Sickle cell disease/trait		
Tay-Schs			Type 1 Diabetes/PKU		
Thyalassemia			Recurrent Pregnancy Loss/Stillbirth		
Canavan Syndrome			Hemophilia/Blood Disorder		
Huntington's Chorea			Other Genetic Screening/Birth Defects		