

Obstetrics & Gynecology History

1. *Patient Profile:*

❖ *Name:* -----

❖ *Age:* -----

❖ *Education:* -----

❖ *Marital Status:* -----

✚ If Married; Since when: -----

❖ *Admitted Via:* ☐ER ☐OPD ☐Transfer

✚ *Day & Date:* -----

❖ *Obstetric Profile:*

✚ *Gravida:* -----

✚ *Para:* -----

✚ *Previous C/S:* ☐Yes ☐No

➤ If Yes; When: -----

✚ *Current Pregnancy:*

➤ EDD: / /

➤ GA: -----

✚ *Lactating:* ☐Yes ☐No

❖ *Menstrual Profile:*

📅 LMP: / /

➤ Regular: ☐Yes ☐No

- If Irregular ask more, is it irregular in terms of:

○ Pain: ☐Yes ☐No; -----

○ Timing: ☐Yes ☐No; -----

○ Amount of Blood: ☐Yes ☐No; -----

➤ Heavy Bleeding: ☐Yes ☐No

➤ OCPs: ☐Yes ☐No

❖ *Blood Group:* ☐A+ ☐A- ☐B+ ☐B- ☐AB+ ☐AB- ☐O+ ☐O-

📅 If Negative; Ask about husband's blood group:

☐A+ ☐A- ☐B+ ☐B- ☐AB+ ☐AB- ☐O+ ☐O-

📅 History of Blood Transfusion: ☐Yes ☐No; / /

❖ *Last Pap Smear:*

📅 Date: / /

📅 Results: -----

2- *Chief Complaint (CC):*

3- *History of Presenting Illness (HPI):*

❖ *Site:* -----

❖ *Onset:* -----

❖ *Character:* -----

❖ *Radiation:* -----

❖ *Timing:* -----

❖ *Exacerbating or Relieving Factors:* -----

❖ *Severity:* -----


❖ *Associated Symptoms:* ☐Fever ☐Chills or Rigors ☐Night Sweats

☐Passage of Liquor ☐Passage of Blood

📌 If there is Fever; ☐Documented; ----- ☐Not Documented

📌 Other associated symptoms: -----

❖ *DM:* ☐Yes ☐No;

 if Yes;


➤ Since when: / /

➤ ☐ Controlled ☐ Uncontrolled

➤ Medications: -----

➤ Complications: -----

❖ HTN: ☐ Yes ☐ No

 If Yes;

➤ Since when: / /

➤ ☐ Controlled ☐ Uncontrolled

➤ Medications: -----

➤ Complications: -----

❖ HPI Notes:

4- *Review of Systems (ROS)*: - Things with a * are asked only if the patient is pregnant- .

❖ *General*: ☐ Tiredness ☐ Easy Fatigability ☐ Mood Changes

☐ Dehydration

❖ *Skin*: ☐ Linea Nigra* ☐ Striae Gravidarum* ☐ Pruritis

☐ Acne ☐ Hirsutism

❖ *MSS*: ☐ Backache ☐ Carpal Tunnel Syndrome ☐ Loss of Hight

☐ Pubic Symphyseal Discomfort ☐ Breast Tenderness*

🚦 Note: for CTS ask about Pain and Paresthesia in the hand and wrist.

❖ *CNS*: ☐ Headache ☐ Convulsions

❖ *Endocrine*: ☐ Secondary Amenorrhea

❖ *RS*: ☐ SOB ☐ Cough ☐ Hemoptysis ☐ Wheezes

☐ Chest pain with respiration

❖ *CVS*: ☐ Chest pain ☐ Palpitations ☐ Fluid Retention

❖ *GI:* ☐ Abdominal Pain ☐ Nausea ☐ Vomiting ☐ Diarrhea

☐ Constipation ☐ Dyschezia ☐ Abdominal Distention

☐ Heartburn

❖ *GUS:* ☐ Urinary Frequency ☐ Dysuria ☐ Incontinence

❖ *Obstetric Symptoms*:* ☐ Vaginal Bleeding or Discharge or Leaking fluid

☐ Uterine Contractions ☐ Fetal Movement Changes

☐ Lower Abdominal Pain

📌 If there are Uterine contractions;

➤ ☐ Regular ☐ Irregular

➤ Frequency: -----

❖ *ROS Notes:*

5- *Obstetric Hx:*

- **Current Pregnancy:**

○ *Planned:* ☐ Yes ☐ No

○ *How was it diagnosed:* ☐ Missed Periods ☐ Urine or Serum hCG

☐ U/S

○ *Medical Illness during Pregnancy:* ☐ DM ☐ Preeclampsia

☐ Thyroid Disease

▪ If Any; ☐ Controlled ☐ Uncontrolled

○ *Complications:* ☐ Bleeding; if yes; Describe: -----

○ *Weight gain:* From ----- to -----

○ *EDD:* / /

○ *GA:* -----

○ *Investigations:* ☐ Hemoglobin; -----

○ *Medications:* -----

○ *Specific Questions in Each Trimester:*

▪ **1st Trimester:**

• Normal Symptoms of Pregnancy: ☐ Yes ☐ No

• Spotting of Bleeding: ☐ Yes ☐ No

• Any Complications: -----

• Investigations: -----

• Screenings: -----

- Pap Smear: ☐ Yes ☐ No
- Medications: -----
- HbA1C and BP Control: ☐ Yes ☐ No ☐ N/A

▪ **2nd Trimester:**

- Improvement of Pregnancy Symptoms: ☐ Yes ☐ No
- Any New Symptoms: -----
- Quickening: ☐ Yes ☐ No
- HbA1C Control: ☐ Yes ☐ No ☐ N/A
- Triple or Quadruple Test: ☐ Yes ☐ No
- U/S to Rule Out congenital anomalies: ☐ Yes ☐ No
- Complications: -----

▪ **3rd Trimester:**

- U/S: ☐ Yes ☐ No
- Antepartum Hemorrhage: ☐ Yes ☐ No
 - If Yes; Specify: -----
- Infections: ☐ Yes ☐ No
 - If Yes; Specify: -----

- For High-risk Patients: ☐ PET, S&S for Intrauterine Growth Restriction
- HbA1C and BP Control: ☐ Yes ☐ No ☐ N/A
- Oral Glucose Tolerance Test Screening: ☐ Yes ☐ No
- Hemoglobin: -----
- Complications: -----

- **Previous Pregnancies :**

- Ask about each Pregnancy, Abortion, or Miscarriage.
- Specify the Following: GENDER, GA (TERM, PRETERM, POSTTERM), WEIGHT AT DELIVERY, SINGLETON OR MULTIPLE PREGNANCY, MODE OF DELIVERY (NORMAL VAGINAL, OPERATIVE VAGINAL, C/S, METHOD OF TERMINATING PREGNANCY, MATERNAL EFFORT DURING LABOUR), BLOOD TRANSFUSIONS, DURATION OF FIRST AND SECOND STAGE OF LABOUR, TYPE OF ANESTHESIA, ALIVE OR NOT (STILLBIRTH), NICU ADMISSION, DURATION OF LACTATION, DURATION BETWEEN PREGNANCIES, COMPLICATIONS (INTRA+POSTPARTUM, MATERNAL, FETAL OR NEONATAL).

▪ If Any; Was it followed by Dilation and Curettage: ☐ Yes ☐ No

- If Any; At which trimester and what is the cause:

○ *Investigations:* ☐ Hemoglobin; -----

○ *Medications:* -----

- *Obstetric Hx Notes:*

6- *Menstrual Hx:*

- **Current Hx:**

○ *LMP:* / /

○ ☐Regular ☐Irregular

○ *Frequency:* -----

○ *Duration of Cycle and Menses:* -----

○ *Amount:*

▪ ☐Heavy ☐Normal ☐Light

▪ Clots: ☐Yes ☐No

▪ # of Pads or Tampons per day or cycle: -----

▪ Flooding: ☐Yes ☐No

○ *Intermenstrual Bleeding:* ☐Yes ☐No

▪ If Yes; ☐Premenstrual Spots ☐Postmenstrual Spots

○ *Postcoital Bleeding:* ☐Yes ☐No

○ *Dysmenorrhea:* ☐Yes ☐No

▪ Onset: -----

▪ Duration: -----

▪ Timing: -----

▪ Progression: -----

▪ Course: -----

▪ Character of pain: -----

○ *Premenstrual Tension:* ☐Yes ☐No

○ *Midcycle increase in vaginal secretions:* ☐Yes ☐No

○ *OCPs:* ☐Yes ☐No

▪ If Yes; Method and Duration: -----

- **Past Hx:**

○ *Menarche Age:* -----

○ *Menopause Age:* -----

▪ Symptoms: ☐No periods for >1 year ☐Preceded by
irregular flushes and sweats ☐Postmenopausal bleeding

○ ☐Regular ☐Irregular

○ *Frequency:* -----

○ *Duration of Cycle and Menses:* -----

○ *Amount:*

▪ ☐Heavy ☐Normal ☐Light

▪ Clots: ☐Yes ☐No

▪ # of Pads or Tampons per day or cycle: -----

○ *Flooding:* ☐Yes ☐No

○ *OCPs:* ☐Yes ☐No

▪ If Yes; Method and Duration: -----

- *Menstrual Hx Notes:*

7- *Past Medical Hx:*

- ❖ ☐ DM ☐ HTN ☐ Thyroid Disease ☐ Dyslipidemia ☐ Renal
Disease ☐ Vasculitis/Lupus ☐ Hematological Diseases ☐ DVT
☐ Exposure to radiation (during and out of pregnancy)

❖ *Notes:* -----

8- *Past Surgical Hx:*

- ❖ ☐ C/S ☐ Abdominal Surgery ☐ Pelvic Surgery

❖ *Notes:* -----

9- **Drug Hx:**

❖ *Medications:* -----

❖ *Contraception:* ☐Yes ☐No

✚ Method: ☐Pills ☐Injection ☐Implants ☐IUD ☐Female

Barrier method ☐Condoms ☐Natural methods

☐Vasectomy ☐Female sterilization

✚ Complications: ☐Amenorrhea ☐Thromboembolic Disease

☐Dysmenorrhea ☐Menorrhagia ☐Pelvic infection ☐Failure

❖ *Hormone Replacement Therapy or Hormonal Preparations:* ☐Yes ☐No

❖ ☐Antibiotics ☐Antipsychotics ☐Antiepileptic

❖ *Folic Acid:* ☐Yes ☐No

❖ *Over the counter Drugs:* ☐Yes ☐No

❖ *Allergies:* -----

10- **Family Hx:**

❖ *Consanguinity:* ☐Yes ☐No

❖ *Abortions:* ☐Yes ☐No; -----

- ❖ *Chronic Diseases:* ☐DM ☐HTN ☐Thyroid Disease

 ☐Dyslipidemia ☐Vasculitis/Lupus ☐Hematological Disease
- ❖ *Ovarian Cancer:* ☐Yes ☐No
- ❖ *Reproductive Abnormalities:* ☐PCOS
- ❖ *Hereditary Bleeding Disorders:* ☐Yes ☐No
- ❖ *Pelvic Infections:* ☐Yes ☐No
- ❖ *Previous STD:* ☐Yes ☐No
- ❖ *DVT:* ☐Yes ☐No

11- *Social Hx:*

- ❖ ☐Smoking ☐Alcohol ☐Substance Abuse
- ❖ *Diet:* -----
- ❖ *Exercise:* -----
- ❖ *Pets:* -----
- ❖ *Occupation:* -----
- ❖ *Insurance:* -----
- ❖ *Travel:* -----