

*Tamar K. Gottfried, M.D. P.L.C.*  
*OB Medical History Form*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of last menstrual period? \_\_\_\_\_

Please check all that apply

	Maternal	Family		Maternal	Family
Abuse	[ ]		Kidney Disease	[ ]	[ ]
Alcohol Use	[ ]		Liver Disease	[ ]	
Anemia	[ ]		Lung Disease	[ ]	
Autism	[ ]	[ ]	Mental Retardation	[ ]	[ ]
Autoimmune Disorder	[ ]		Migraine Headaches	[ ]	[ ]
Asthma	[ ]		Multiple Gestations	[ ]	[ ]
Bleeding/Clotting Disorder	[ ]	[ ]	Muscular Dystrophy	[ ]	[ ]
Blood Disorder	[ ]	[ ]	Musculoskeletal Condition	[ ]	
Caffeine Use	[ ]		Neural Tube Defect	[ ]	[ ]
Canavan Disease	[ ]	[ ]	Neurologic Disorder	[ ]	[ ]
Cancer	[ ]	[ ]	Pelvic Surgery	[ ]	[ ]
Chromosomal Anomaly	[ ]	[ ]	Phenylketonuria	[ ]	[ ]
Congenital Anomaly	[ ]	[ ]	Psychiatric Disorder	[ ]	[ ]
Congenital Heart Defect	[ ]	[ ]	Rh Incompatibility	[ ]	
Cystic Fibrosis	[ ]	[ ]	Seizure Disorder	[ ]	[ ]
Depression	[ ]		Sexually Transmitted Disease	[ ]	[ ]
DES Exposure	[ ]		Sickle Cell Disease	[ ]	[ ]
Diabetes Mellitus	[ ]	[ ]	Sickle Cell Trait	[ ]	[ ]
Down Syndrome	[ ]	[ ]	Tay-Sachs Disease	[ ]	[ ]
Drug Use	[ ]		Thalassemia	[ ]	[ ]
Endocrine Disorder	[ ]	[ ]	Thyroid Disorder	[ ]	[ ]
Exposure to Cat Feces	[ ]	[ ]	Tobacco Use	[ ]	
Gastrointestinal Disorder	[ ]		Trauma	[ ]	
General Anesthesia/Reaction	[ ]	[ ]	Transfusion	[ ]	
Heart Disease	[ ]	[ ]	Tuberculosis	[ ]	[ ]
Hepatitis	[ ]	[ ]	UTI - Recurrent	[ ]	
Herpes	[ ]		Uterine Anomaly	[ ]	
HIV/AIDS	[ ]	[ ]	Vascular Disease	[ ]	[ ]
HPV	[ ]	[ ]	Violence	[ ]	[ ]
Huntington's Disease	[ ]	[ ]			
Hypertension	[ ]	[ ]			
Infertility	[ ]	[ ]			

Total Pregnancies: \_\_\_\_\_ Total Deliveries: \_\_\_\_\_

Father's Name(Baby's): \_\_\_\_\_ Age: \_\_\_\_\_

Patient's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Patient's Ethnicity: \_\_\_\_\_ Father's Ethnicity: \_\_\_\_\_