



Patient label

COMPREHENSIVE HISTORY

NAME:

DATE:

D. PREGNANCY HISTORY table with columns for DELIVERED (Mo, Yr, Vag, C-Sec, Birth Weight) and ABORTION / MISCARRIAGE (Year, Weeks, Spont, Induced). Includes a 'Never pregnant' checkbox.

Table for pregnancy complications with columns YES/NO and rows for Birth defect(s), Gestational diabetes, Premature birth, Toxemia, Tubal pregnancy, and Other.

E. CONTRACEPTIVE HISTORY section including questions about current birth control method, duration, problems, and future pregnancy plans.

Table for contraceptive methods with columns YES/NO, Method, and COMMENTS / PROBLEMS. Lists methods like Abstinence, Tubal, Vasectomy, Oral Contraceptives, etc.

F. SOCIAL HISTORY section with columns YES/NO, HAVE YOU RECENTLY EXPERIENCED, and COMMENTS. Lists issues like Emotional, Relationship problems, Job loss, etc.

G MENSTRUAL HISTORY section with numbered questions 1-8 regarding age periods, pad/tampon use, regularity, and symptoms like cramps or bloating.

STI / HIV RISKS section with questions about number of sex partners, sexual activity, and condom/dental dam use.

Patient Comments section with a large text area for notes and a signature line with date.

Staff use only section with a shaded background, containing a signature line for the staff and a signature line for the clinician.