

BASIC MEDICAL HISTORY

PATIENT INFORMATION			
Last Name	First	Middle	D.O.B.
			sex

MEDICAL / PHYSICAL STATS AT BIRTH							
APGAR SCORES:				PHYSICAL STATS:			GESTATIONAL AGE:
BIRTH:	1MIN:	5MIN:	10MIN:	Height:	Weight:	Head Circum:	(# weeks at birth)

GESTATIONAL DESCRIPTION	
<i>How would you describe the pregnancy?</i>	
<div style="text-align: center; padding: 5px;">Normal</div> <div style="text-align: center; padding: 5px;">Abnormal</div>	<p style="font-size: small; margin: 0;"><i>please describe any unusual events or abnormalities during pregnancy</i></p> <div style="height: 80px;"></div>
<i>Were any medications taken during pregnancy? (please list all medications and reasons for taking)</i>	
type 1.	reason
type 2.	reason
type 3.	reason
type 4.	reason
type 5.	reason

LABOR / DELIVERY			
TYPE OF DELIVERY			
<i>please check the appropriate box</i>			
Vaginal (Normal)	Vaginal (w/ forceps)	C-Section (elective)	C-Section (emergency)
TYPE OF LABOR			
<i>please check the appropriate box</i>			
Spontaneous	Induced (elective)	Induced (emergency)	
UNUSUAL EVENTS DURING LABOR / DELIVERY - as relating to the mother			
<i>please describe any unusual events or abnormalities during delivery</i>			
UNUSUAL EVENTS DURING LABOR / DELIVERY - as relating to the infant/patient			
<i>please describe any unusual events or abnormalities during delivery</i>			