

# Doctors Dillon, McNulty, Whitcomb and Qureshi



A Division of Women's Care Florida

## New OB/GYN Patient Questionnaire

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Partner \_\_\_\_\_

Reason for visit \_\_\_\_\_

---



---



---



---

First day of last menstrual period \_\_\_\_\_ Normal? \_\_\_\_\_ Heavy? \_\_\_\_\_

Last Pap \_\_\_\_\_ Last Mammogram \_\_\_\_\_ Birth Control Method \_\_\_\_\_

*Number of prior pregnancies*

Full term \_\_\_\_\_ Preterm \_\_\_\_\_ Miscarriage \_\_\_\_\_ Abortion \_\_\_\_\_ Ectopic \_\_\_\_\_

*Current pregnancy (If applicable)*

Have you had prior care for this pregnancy?  Yes  No Where? \_\_\_\_\_

Problems so far this pregnancy \_\_\_\_\_

*Obstetrical deliveries*

Date	Wks	Sex	Weight	Type	Hospital	Complications

*Personal Medical History*

- Asthma
- Pneumonia
- Heart disease
- Mitral valve prolapse
- Hypertension
- Diabetes
- Endometriosis
- Smoking \_\_\_\_\_ppd
- Other \_\_\_\_\_

None of the following personal medical history applies to me

- Anemia
- Blood clots, DVT
- Bleeding disorders
- Thyroid problems
- Epilepsy
- Liver disease/hepatitis
- Frequent/urgent urination
- Alcohol use
- Kidney infections
- Pelvic pain
- Syphilis
- Gonorrhea/Chlamydia
- Genital warts
- Genital herpes
- Abnormal Pap Smear
- Street drugs

Operations	Medications	Drug Allergies

*Family/Genetic History*

- Cystic Fibrosis
- Downs Syndrome
- Sickle Cell Anemia/Trait
- Hemophilia

None of the following family/genetic history applies to me

- Huntington's Chorea
- Neural Tube Defect
- French Canadian
- Jewish
- Birth Defects
- Fragile X
- Muscular Dystrophy
- Mental Retardation/CP