

Launceston Obstetrics & Gynaecology

Patient Medical History

Please complete and return this form prior to your first appointment.

Patient Name:

Partner's name:

Date of birth:

Appointment Date:

Covid 19 vaccination status: (circle) fully & current partly not vaccinated

Allergies/Reactions: Nil / Yes details below (medicines/adhesive tapes/foods)

Last PAP Smear: Date / / normal / abnormal (circle)

Past Medical History Nil / Yes (details below)
 e.g. Asthma, Heart Disease, Gastrointestinal problems, Kidney disease/UTI, Epilepsy, significant childhood illnesses

Treatment required:

Past Surgical History Nil / Yes (details below)
 Local or general anaesthetic

Past Gynaecological History: Nil / Yes (details below)
 Cervix abnormalities, Fertility issues, Investigations, PCO, PID

Treatment required

Past Psychiatric History Nil / Yes (details below)
 e.g. Depression/Anxiety, Eating/Sleeping Disorders, Postnatal Depression

Family History Nil / Yes (details below)
 Diabetes (T1/T2), Thyroid Disease, Heart Disease, Stroke, Blood Pressure problems, Congenital/Genetic Disorders, Psychiatric illness

Current Medications Nil / Yes (details below)
 Please include any prescription/ over the counter/ vitamins/ folate that you are taking currently

Do you smoke? No / Yes (amount) Do you drink alcohol? No / Yes (amount)

Ever had a blood transfusion? No / Yes (year) Reason:

Do you exercise? No / Yes (type)

What is your height? cm What was your pre-pregnancy weight? kg

| Previous Pregnancies (new patients only) | Pregnancy 1 | Pregnancy 2 | Pregnancy 3 | Pregnancy 4 |
|---|-------------|-------------|-------------|-------------|
| Date | | | | |
| Place (name of hospital) | | | | |
| Gestation in weeks | | | | |
| Outcome: (Livebirth / Miscarriage / TOP) | | | | |
| Labour (spontaneous / Induced) | | | | |
| Duration of labour | | | | |
| Analgesia | | | | |
| Birth Type (e.g. Normal / forceps/ caesarian) | | | | |
| Baby weight / sex | | | | |
| Baby name | | | | |
| Feeding Method | | | | |