Brattleboro OB/GYN & Four Seasons Midwifery
a Department of Brattleboro Memorial Hospital

Brattleboro OB/GYN & Four Seasons Midwifery
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OB PATIENTS ONLY

Intake History

What was the FIRST day of your last menstrual period? _____
How certain are you of that date? (circle one) Very certain Certain Not Certain Just Guessing
Have you had a positive pregnancy test? □ Yes □ No
What was the date of your first positive test? _____

Are you having any of the following symptoms at this time?
□ Nausea □ Fatigue □ Breast tenderness □ Frequent urination □ Dizziness
□Vomiting □ Headache □ Constipation □ Pelvic or abdominal cramping

Do you have religious objections to any form of medical treatment (eg, refusal of blood transfusion)? □Yes □No

□ Yes □ No Have you or the baby's father had a child born with a birth defect? If yes, please explain:
_____
_____

□ Yes □ No Do you or the baby's father have a history or pregnancy losses (miscarriages or stillbirths)?

□ Yes □ No Do you or the baby's father have Ashkenazi Jewish ancestry?
□ Yes □ No Do you or the baby's father have an African American background?
□ Yes □ No Do you or the baby's father have Mediterranean or Southeast Asian ancestry?
□ Yes □ No Do you or the baby's father have French Canadian or Cajun ancestry?
□ Yes □ No Is the father of the baby 50 years or older?

□ Yes □ No □ Unsure Do you want to have a Down Syndrome Risk assessment?

□ Yes □ No Do you have any problems (transportation, work, etc.) that may prevent you from keeping your appointments?
□ Yes □ No Do you feel unsafe where you live?
□Yes □ No In the past year, have you been threatened, hit, slapped, or kicked by anyone you know?
□Yes □ No Has anyone forced you to perform any sexual act that you did not want to do?

On a scale 1-5, how do you rate your current stress level? Low 1 2 3 4 5 High

How many times have you moved in the past 12 months? _____

If you could change the timing of this pregnancy, would you want it □ Earlier □ Later □ Would not change