

Center for Women's Health

delivery				
Hours in labor				
Problems?				
(problems include, for example, diabetes, high blood pressure, preterm labor, difficult birth, unusual tearing or bleeding at birth)				

VANDERBILT  UNIVERSITY
MEDICAL CENTER

Medical History	Patient		Family		Unsure
	Yes	No	Yes	No	
Multiple births (twins, triplets, etc.)	Yes	No	Yes	No	
Cancer	Yes	No	Yes	No	
High blood pressure	Yes	No	Yes	No	
Heart disease	Yes	No	Yes	No	
Lung disease (such as asthma)	Yes	No			
Digestive problems (such as Crohn's disease)	Yes	No			
Breast disease	Yes	No			
Urinary problems (such as infections)	Yes	No			
Endocrine/Metabolic [i.e. diabetes/thyroid]	Yes	No	Yes	No	
GYN problems	Yes	No			
Abnormal pap smears	Yes	No			
Fibroids	Yes	No			
Incompetent cervix	Yes	No			
Other: _____	Yes	No			
Infertility/recurrent miscarriage	Yes	No	Yes	No	
STDs, HPV, Group B Strep, Herpes	Yes	No			
Phlebitis/varicosities [i.e. varicose veins, blood clots]	Yes	No	Yes	No	
Neurological [i.e. seizures]	Yes	No			
Psychiatric [i.e. depression]	Yes	No	Yes	No	
Immunologic/infectious disease [i.e. Lupus or HIV]	Yes	No	Yes	No	
Have you had chicken pox or the vaccine?	Yes	No			
Do you work around children or babies?	Yes	No			
Operations/ accidents	Yes	No			
Hematologic [i.e. Anemia]	Yes	No			
Other hospitalizations: _____	Yes	No			
History of sexual or physical abuse / trauma	Yes	No			

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Genetics: Mother & Father and Your Families History	Patient		Family		Unsur e
	Yes	No	---	---	
Patient age over 34 at delivery	Yes	No	---	---	
Thalassemia; MCV < 80	Yes	No	Yes	No	
Neural Tube Defect	Yes	No	Yes	No	
Congenital Heart Defect	Yes	No	Yes	No	
Down Syndrome	Yes	No	Yes	No	
Jewish, Cajun, French Canadian [tay sachs]	Yes	No	Yes	No	
Jewish: Canavan Disease, Gauchers	Yes	No	Yes	No	
Sickle Cell Disease [African American or Caribbean]	Yes	No	Yes	No	
Hemophilia or other blood disorders	Yes	No	Yes	No	
Muscular Dystrophy	Yes	No	Yes	No	
Cystic Fibrosis	Yes	No	Yes	No	
Huntington's Chorea	Yes	No	Yes	No	
Mental Retardation / Autism [if yes was it fragile x? _____]	Yes	No	Yes	No	
Other inherited or chromosomal disorder	Yes	No	Yes	No	
Other structural birth defect	Yes	No	Yes	No	
Maternal metabol/endocrine disorders [diabetes, PKU]	Yes	No	Yes	No	
Patient or baby's father had a birth defect not listed above: _____	Yes	No	Yes	No	
Recurrent pregnancy loss [>2] and/or stillbirth	Yes	No	Yes	No	
Tobacco, Alcohol, Drugs	Yes	No	Yes	No	
Any other: _____	Yes	No	Yes	No	

Vanderbilt Center for Women's Health – phone 615-343-5700 / fax 615-343-6724

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Cool Springs – 2009 Mallory Lane, Suite 230, Franklin TN 37067

Center for Women's Health

Clarksville – 647 Dunlop Lane, Suite 206, Clarksville, TN 37040