Medical/Family History (Check all that apply)

	Personal History	Family History (IMMEDIATE FAMILY)
Diabetes		
High blood pressure		
Heart disease		
Autoimmune disease		
Kidney disease		
Neurologic disorder/Epilepsy		
Psychiatric		
Post Partum Depression		
Depression		
Hepatitis/Liver Disease		
Varicosities/Phlebitis		
Thyroid dysfunction		
Trauma/Violence		
History of blood transfusion		
Rh negative: YES NO	Did you receive Rhogam: YES NO	
Pulmonary (TB/Asthma)		
Seasonal Allergies		
Drug/Latex Allergies	LIST:	
Breast Problems		
GYN Surgery	LIST/DATES:	
Operations/Hospitalizations	LIST/DATES:	
Anesthetic Complications		
History abnormal pap	TREATMENT/DATES:	
Uterine anomaly (DES exposure)		
Infertility		
Other:		