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Patient Name _____

Patient Account # _____

Patient Date of Birth _____

Date of Service _____

PREVIOUS PREGNANCIES (INCLUDING MISCARRAIGE, ABORTION, AND ECTOPIC PREGNANCIES)

# Pregnancy	Date	Wk Gestation	Anesthesia	Baby Wgt	Sex	Hours Labor	Type Delivery	Doctor	Hosp.	Complications

MEDICATIONS: (List any medications taken since last menstrual period)

Name	Dose			Reason		

HOSPITALIZATIONS:

Surgery / hospitalization	Year

Your Birth weight _____

ALLERGIES

Type							Reaction