



**Augusta Women's Health & Wellness Center**  
**Donna Adams-Pickett, PhD., M.D**  
Obstetrics and Gynecology

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## Health History

Name: \_\_\_\_\_ Age \_\_\_\_\_

Reason For Visit \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Medications/Doses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Gyn History

\_\_\_\_\_ Age of first menses    \_\_\_\_\_ First Day of last Menses

\_\_\_\_\_ # of days between each Menses

\_\_\_\_\_ Date of last pap smear    Any history of abnormal pap?    Y    N

If over 40 what was the date of your last mammogram \_\_\_\_\_

**Medical History (Check all that apply/provide details in the margin)**

- history of cancer
- history of diabetes
- history of hypertension
- history of heart disease
- history of autoimmune disorder
- history of kidney disease/UTI
- history of neurologic disease/Epilepsy
- history of psychiatric illness
- history of depression/Postpartum depression
- history of hepatitis/liver disease
- history of varicosities/phlebitis
- history of thyroid dysfunction
- history of trauma/violence
- history of blood transfusions
- D(Rh) Sensitized
- history of pulmonary conditions
- seasonal allergies
- history of breast problems
- history of abnormal Pap
- history of Uterine anomaly/DES
- history of infertility
- history of ART Treatment

**Surgical History**

- surgeries/hospitalizations
- Gyn surgery
- anesthetic complications

**Family History (Please list pertinent medical history for the following)**

Natural Mother:

Natural Father:

Natural Siblings:



## Obstetrical History

How many times have you been pregnant ?

Please list the years of each vaginal delivery

Please list the year of each cesarean delivery

What are the names and ages of your children?

## Genetic History (FOR OBSTETRICAL PATIENTS ONLY)

1.) Patient's age 35 years or older at time of delivery	Y	N
2.) Thalessemia (Mediterranean, Italian, Greek)	Y	N
3.) Neural Tube Defect (Spina Bifida, Anecephaly )	Y	N
4.) Congenital Heart Defect	Y	N
5.) Down Syndrome	Y	N
6.) Tay Sachs (Ashkenazi Jewish, Cajun, French Canadian)	Y	N
7.) Canavan Disease (Ashkenazi Jewish)	Y	N
8.) Familial Dysautonomia (Ashkenazi Jewish)	Y	N
9.) Sickle Cell Disease or Trait	Y	N
10.) Hemophilia or other blood disorders	Y	N
11.) Muscular Dystrophy	Y	N
12.) Cystic Fibrosis	Y	N
13.) Huntington's Chorea	Y	N
14.) Mental Retardation/Autism	Y	N
15.) Other inherited genetic or chromosomal disorder	Y	N
16.) Maternal metabolic disorder (diabetes, thyroid disease)	Y	N
17.) Patient or baby's father have a baby with defects not listed	Y	N
18.) Recurrent pregnancy loss or stillbirth	Y	N
19.) Medications including OTC supplements	Y	N