Southern Utah Women's Health Center, P.C.
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FOR NEW OB PATIENTS, PLEASE COMPLETE THIS QUESTIONNAIRE:

1. Date of your last menstrual period? (first day) _____

2. At what age did your menstruation start? _____

3. Describe your menstrual cycle (regular, irregular, mild, heavy)_____

4. **For each pregnancy that you have had, please fill in the following information. Please include the dates of any miscarriages or abortions.**

Year	Place of Birth	Sex	Birth WT	Vaginal/ C-section	Epidural (Y / N)	Length of Gestation	Hours Of Labor	Problems

5. Please list any allergies to medications_____

6. Family History (i.e., heart problems, multiple births, congenital abnormalities)
_____
_____
_____