Southern Utah Women's Health Center, P.C.
515 S. 300 E. Suite 206
St. George Utah 84770
435-628-1662

FOR NEW OBSTETRIC 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 list 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 medication **and the reaction** to the medication:

_____

_____

6. Family history (i.e., heart problems, multiple births, congenital abnormalities?

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