CHI Health Clinic
Women's Health

Name: _____
Date of Birth: _____

Patient Medical History

Pregnancy History

Age at First Pregnancy: _____ Total Number of Pregnancies: _____
Gestation at delivery: _____ Vaginal Births: _____ C-Sections: _____
Miscarriages: _____ Induced Abortions: _____ Stillbirth: _____
Any Pregnancy Problems/Complications:

_____
_____
_____

Menstrual History (Circle Positives)

LMP: _____ Cycles: Regular / Irregular Cycle Frequency: _____
Last Menstrual Period: Spotting Yes / No Pain: Yes / No
If abnormal how was it treated?: _____
Date of Last Pap Smear: _____ Normal: Yes / No
If abnormal, how was it treated?_____
Date of Last Mammogram: _____ Normal: Yes / No
If abnormal, how was it treated?:_____

Contraception/Birth Control

Current Method: _____ Past Method: _____

Allergies (Medication/Latex allergy/sensitivity)

Allergy: _____ Reaction: _____
Allergy: _____ Reaction: _____
Allergy: _____ Reaction: _____
Allergy: _____ Reaction: _____

Medications

Preferred Pharmacy & Location:_____
Medication: _____ Dose: _____ Frequency: _____
Medication: _____ Dose: _____ Frequency: _____
Medication: _____ Dose: _____ Frequency: _____
Medication: _____ Dose: _____ Frequency: _____
Medication: _____ Dose: _____ Frequency: _____

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Medical History (Circle Positives)

- Abnormal Pap
- Anemia
- Anesthetic Complications
- Assisted Reproductive Technology
- Autoimmune Disorder
- Breast Problems
- Cancer
- Depression
- Dermatologic Disorders
- Diabetes, Type 1
- Diabetes, Type 2
- Drug/Latex Allergies
- Food, Seasonal, Environmental Allergy
- Gastrointestinal Disorders
- Gestational Diabetes
- Heart Disease
- Hematologic Disorders
- Hepatitis
- History of Blood Transfusion
- Hypertension
- Infertility
- Kidney Disease
- Muscular/Skeletal Problems
- Neurologic/Epilepsy
- Postpartum Depression
- Psychiatric Illnesses
- Respiratory Disease
- Thyroid Disease
- Trauma/Violence/Abuse
- Tuberculosis
- Uterine Anomaly
- UTI
- Varicosities/Phlebitis

Other: _____

Infection History (Circle Positives)

- History of Hepatitis
- History of HIV
- History of STIs
- Genital Warts
- Live w/ Someone w/TB or Exposed to TB
- History of Genital Herpes Self/Partner
- Prior GBS
- Rash/Viral Illness since last Menstrual Cycle
- Syphilis
- Other (Chicken Pox)

Surgical History (Circle Positives)

- Abdomen Surgery
- Adenoidectomy
- Appendectomy
- Breast Biopsy
- Breast Enhancement
- Breast Lumpectomy
- Breast Construction
- C Section
- Cholecystectomy
- Colposcopy
- Endometrial Ablation
- Exploratory Laparotomy
- Fibroid Removal (Myomectomy)
- Genital Wart Removal
- Gynecologic Cryosurgery
- Hysterectomy
- Knee Surgery
- LEEP
- Mastectomy
- Ovary Removal
- Tonsillectomy
- Tubal Ligation
- Weight Loss Surgery

Other: _____

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Family History (List family members positive for disorder)

Mother/Father, Brother/Sister, Uncle/Aunt, Child, Maternal/Paternal Grandmother, and Maternal/Paternal Grandfather

Anemia: _____ Anesthetic Complications: _____
Assisted Reproductive Technology: _____ Autoimmune Disorder: _____
Breast Problems: _____ Cancer: _____
Depression: _____ Dermatologic Disorders: _____
Diabetes, Type 1: _____ Diabetes, Type 2: _____
Drug/Latex Allergies: _____ Epilepsy: _____
Food, Seasonal, Environmental Allergy: _____
Gastrointestinal Diabetes: _____ Heart Disease: _____
Hematologic Disorders: _____ Hepatitis: _____
Hypertension: _____ Infertility: _____
Kidney Disease: _____ Muscular/Skeletal Problems: _____
Neurologic Disorders: _____ Post-Partum Depression: _____
Psychiatric Illnesses: _____ Respiratory Disease: _____
Thyroid Disease: _____ Tuberculosis: _____
Uterine Anomaly: _____ UTI: _____
Varicosities/Phlebitis: _____ Other: _____

Social History (Circle Yes/No, Write in Frequency)

Tobacco	Alcohol Use	Drug Use	Sexually Active
Use: Yes / No	Use: Yes / No	Use: Yes / No	Yes / No
Frequency	Frequency	Frequency	Partner: Male / Female
		Type	Birth Control/Protection

CHI Health Clinic

WOMEN'S HEALTH
BREASTFEEDING HISTORY

Name	Date of Birth

We are committed to supporting breastfeeding in our practice. In order to provide you with the best care, we are interested in your prior experience with breastfeeding. Please fill out the form below.

Did you attempt to breastfeed any of your children? ☐ **Yes** ☐ **No** (If no, proceed to Section 2)

Section 1

How long did you **exclusively** breastfeed your children (total time)? _____ weeks **OR** _____ months

How long was the total breastfeeding duration for all of your children? _____ weeks **OR** _____ months

Who provided support for you during breastfeeding?

What were the benefits of breastfeeding?

What were the challenges of breastfeeding?

Why did you decide to wean your infant(s)?

Section 2 (For those that did not breastfeed any of their children.)

What were the advantages of formula feeding?

What were the disadvantages of formula feeding?

What may have helped you to breastfeed prior child(ren)?

(see back)

We know that breastfeeding may help to avoid common diseases found in the general population. Please let us know if you have a personal or family history of any of the diseases listed below. Breastfeeding may help to lower your child's risk of getting these diseases in his or her lifetime.

Family or personal history of:

- ☐ Asthma
- ☐ Eczema
- ☐ Diabetes
- ☐ Obesity

Signature	Date

Office Use Only

Provider: _____

Referral to antepartum lactation indicated: ☐ Yes ☐ No

CHI Health Clinic

Undiagnosed Type 2 Diabetes Risk Factors

EARLY PREGNANCY SCREENING

PATIENT NAME:_____ PATIENT DOB:_____ PROVIDER: _____

Please indicate below if any of the following are applicable to your health history:

YES	*NO*	*UNKOWN*	
☐	☐	☐	Are you physically inactive (do you not exercise often)?
☐	☐	☐	Do you have a mother, father, sister and / or brother with Diabetes?
☐	☐	☐	Are you of African American, Latino, Native American, Asian American or Pacific Islander descent?
☐	☐	☐	Have you previously given birth to a baby weighing 9 pounds or more?
☐	☐	☐	Have you previously been diagnosed or told you have Diabetes?
☐	☐	☐	Have you ever been told you have Polycystic Ovarian Syndrome (PCOS)?
☐	☐	☐	Have you ever been told your "blood sugar" or glucose level is abnormal or high?
☐	☐	☐	Have you ever been told you have high cholesterol or high triglycerides?
☐	☐	☐	Have you ever been diagnosed with hypertension (or have you been told you have high blood pressure)?
☐	☐	☐	Do you have a history of cardiovascular disease? (This can be conditions such as heart rhythm problems, blood clots, problems with the heart, valves and / or blood vessels).

Patient Signature:_____ **Date:**_____

Witness Signature: _____ **Date:**_____

CHI Health Clinic

Women's Health

OB GENETIC SCREENING DEFINITIONS

PATIENT:_____ DOB:_____

Please check the box(es) if applicable. Check "M" for maternal and/or "P" for paternal.

M P

☐ ☐**Thalassemia-** An inherited blood disorder that causes mild or severe anemia.

☐ ☐**Fanconi Anemia Group C -** a disorder characterized by a decrease in bone marrow function, an increased cancer risk, and physical abnormalities.

☐ ☐**Niemann-Pick Disease Type A -** NPA is a severe neurologic disease.

☐ ☐**Bloom Syndrome** - inherited disorder characterized by short stature, sun-sensitive skin changes, an increased risk of cancer, and other health problems.

☐ ☐**Gaucher Disease -** results from a specific enzyme deficiency in the body, caused by a genetic mutation received from both parents

☐ ☐**Eastern European (Ashkenazi) Jewish Descent -** it has been estimated that one in four individuals is a carrier of one of several genetic conditions.

☐ ☐**Neural Tube Defect:**

- **Meningomyelocele**- Hernia of the spinal cord and membranes through a defect in the vertebral column.
- **Spina Bifida-** Congenital defect in the walls of the spinal canal; failure of vertebrae to close with/without hernial protrusion.
- **Anencephaly-** Congenital absence of brain and cranial vault, the cerebral hemispheres completely missing or reduced to small masses.

☐ ☐**Congenital Heart Defect-** A defect in the heart at birth.

☐ ☐**Down Syndrome-** Congenital moderate to severe mental retardation. Marked by sloping forehead, small ear canals/low set ears, flat nose or absent bridge, generally dwarfed physique.

☐ ☐**Tay-Sachs-** Neurological deterioration characterized by mental and physical retardation, blindness, an exaggerated startle response, spasticity convulsions and enlargement of the head.

☐ ☐**Canavan Disease-** A gene-linked neurological birth disorder in which white matter of the brain degenerates into spongy tissue riddled with microscopic fluid filled spaces.

☐ ☐**Familial Dysautonomia-** A disorder of the autonomic nervous system which affects the development and survival of sensory- symptoms include insensitivity to pain, inability to produce tears, poor growth, and labile blood pressure.

☐ ☐**Sickle Cell Disease-** Anemia found mostly in black or African people.

☐ ☐**Hemophilia-** A hereditary blood disease characterized by greatly prolonged coagulation time. The blood fails to clot and abnormal bleeding occurs. It occurs almost exclusively in males.

☐ ☐**Muscular Dystrophy-** A genetic defect in muscle metabolism, progressive atrophy and wasting of muscles. Onset is usually at an early age, occurring more frequently in males.

☐ ☐**Cystic Fibrosis-** An inherited disease of exocrine glands affecting the pancreas, respiratory system and apocrine glands. Usually begins in infancy and is characterized by chronic respiratory infection, CF is the major cause of severe chronic lung disease in children.

☐ ☐ **Huntington's Chorea-** An inherited disease of the central nervous system usually has its onset between 30 and 50 years of age. Resulting in progressive dementia and bizarre involuntary movements, abnormal posture.

☐ ☐**Mucoliodosis IV -** In the first year of life individuals display significant delays in both motor and cognitive development and often have low muscle tone

☐ ☐**Maternal Metabolic Disorder-**

- **Type 1 Diabetes-** A disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to covert sugar, starches and other food into energy needed for daily life
- **Phenylketonuria (PKU)-** A hereditary disease that is caused by the lack of a liver enzyme required to digest phenylalanine. Phenylalanine is an amino acid that is most commonly found in protein-containing foods such as meat, cow's milk, breast milk and infant formulas.

☐ ***Not Applicable***

☐ PATIENT SIGNATURE: _____ DATE:_____

CHI Health

Patient Name: _____

Patient Date of Birth: _____

Patient Physician: _____

NONINVASIVE PRENATAL TESTING AND CARRIER SCREENING CONSENT

By my signature below, I acknowledge that I have received information about and had the opportunity to discuss this testing with my healthcare provider or someone he/she has designated, including the risks, benefits, and limitations. Genetic counseling has been recommended before and after testing. My questions have been answered and I have decided to proceed as indicated below.

Consent / Declination

I have decided that:

____YES, I want to receive Prenatal Non-Invasive Screening

____NO, I do not want Prenatal Non-Invasive Screening testing at this time

____YES, I want to receive Carrier Screening

____NO, I do not want Carrier Screening testing at this time

I certify that I have read and fully understand the above authorization or it has been read to me and I understand its contents.

Patient's Signature		Date
Witness	Date	Time ☐ a.m. ☐ p.m.
Name or ID Number of Interpreter, if Used/Applicable	Date	Time ☐ a.m. ☐ p.m.

Consent by Patient Representative

Signature of Patient Representative	Date	Time ☐ a.m. ☐ p.m.
Relationship to Patient/Reason Patient Unable to Sign		
Witness	Date	Time ☐ a.m. ☐ p.m.
Name or ID Number of Interpreter, if Used/Applicable	Date	Time ☐ a.m. ☐ p.m.

Pregnancy Screenings

Non-Invasive Prenatal Screening

About the Test: Prenatal Screening is designed to detect whether your pregnancy has a chromosomal abnormality such as too many or too few copies (this is called an "aneuploidy") of certain chromosomes (chromosomes 21, 18, 13 and the sex chromosomes, X and Y). This test analyzes the DNA (genetic material) in your blood to determine whether a chromosomal abnormality is present in your pregnancy. This test is intended to be performed any time after the 10th week of pregnancy, as estimated by last menstrual period. Depending upon what your healthcare provider orders, the test results may include the sex of the baby. If you do not wish to know whether your baby is male or female, please tell your healthcare provider not to disclose it to you. In certain circumstances, you may not be able to prevent learning the sex of the baby.

Limitations: Like all tests, this test has limitations. This test is a screening test and is not intended to diagnose a chromosomal abnormality in the baby. In the event of a positive screening result, a prenatal diagnostic test such as chorionic villus sampling or amniocentesis is recommended to confirm the result. False negative results are rare, but possible. This test is designed to look for specific genetic changes. It cannot detect all genetic changes that could cause health problems, and it does not screen for other conditions, such as open neural tube defects. A normal result does not guarantee a healthy pregnancy or baby. In the course of performing the test, information regarding other chromosomal alterations may become evident (called Incidental Findings). The laboratory does not report or comment on any Incidental Findings that may be noted in the course of analyzing the test data.

Risks: This test is performed on a blood draw. Side effects of having blood drawn are uncommon, but may include dizziness, fainting, soreness, bleeding, bruising, and, rarely, infection.

Required Information and Confidentiality: We keep test results confidential. Your test results will be sent only to the healthcare provider who ordered the test, or his/her agent, unless otherwise authorized by you or required by law. You may also contact us if you would like a copy of your test results. Your healthcare provider is responsible for interpreting your test results, explaining them to you, and determining the best next steps for your care. No other test will be performed and reported on your sample unless authorized by your healthcare provider. For the most accurate interpretation of test results, the laboratory needs to collect information about your health history. This may include information about your pregnancy (gestational age, number of babies), your health (height and weight, transplant status), and your family history (any known family history of genetic disease). This information is kept confidential. Collecting information about your pregnancy after testing is part of a laboratory's standard practice for quality purposes, and is required in several states. The laboratory may contact your healthcare provider to obtain this information.

CHI Health

Genetic Discrimination: The U.S. government has enacted laws to protect Americans against discrimination based on their genetic information for health insurance and employment. The laws may not protect against genetic discrimination in other circumstances, such as when applying for life insurance or long-term disability insurance. Talk to your healthcare provider or genetic counselor if you have concerns about genetic discrimination prior to testing. **Non-Invasive Prenatal Testing is Voluntary:** The decision to accept or decline testing is completely yours. You may wish to consult with a certified genetic counselor before consenting to testing. Ask your healthcare provider for information about genetic counseling resources that are available to you. You can also find a genetic counselor through the National Society of Genetic Counselors at www.nsgc.org or at the Maternal Fetal Medicine Clinic at Bergan Mercy Hospital.

Carrier Screening

About the Test: Carrier Screening is a test that looks at your genes to determine whether you are a carrier of certain genetic disorders such as cystic fibrosis, spinal muscular atrophy, fragile X syndrome and 11 other disorders. A positive result tells you with greater than 99% certainty that you are a carrier of a genetic disorder. You could be at risk of having an affected child if your partner carriers the same genetic disorder. If a risk is identified, genetic carrier screening is recommended for your partner as well as a consult with your healthcare provider and genetic counseling. If you are pregnant, prenatal testing can be performed to find out whether your baby has inherited the genetic disorder. You could also learn that you may be affected by a genetic disorder, although this is extremely rare.

Disorders Tested by Carrier Screening:

- **Alpha-Thalassemia** is a group of inherited blood disorder that results in a reduction of the amount of hemoglobin causing lifelong anemia.
- **Beta-Hemoglobinopathies** area a group of inherited conditions that cause mild to severe anemia.
- **Canavan Disease** is an inherited disorder that causes abnormal muscle tone, developmental delayay and progressove intellectual disabily.
- **Cystic fibrosis** is a chronic disorder that may cause pneumonia, diarrhea, poor growth, and infertility. Some people are only mildly affected, but individuals with severe disease may die in childhood. The average life span is 37 years. It does not affect intelligence.
- **Duchenne/Becker Muscular Dystrophy** are in herited disorders that cause progressive breakdown and weakness of both skeletal and heart muscle. There is no cure. Survival for DMD is common into 20s-30s with medical treatment and into 40s with Becker Muscular Dystropy.

- **Familial Dysautonomia** is an inherited disorder that affects the nervous system. Symptoms usually include poor muscle tone, problems with feeding and digestion, episodes of vomitting, lessened sensitivity to pain and problems keeping a normal body temperature.
- **Fragile X syndrome** is the most common inherited cause of intellectual disability. Symptoms cover a wide range, from mild to very severe. About one-third of all people with fragile X syndrome also have autism. Individuals with the disorder may also have behavioral issues, such as hyperactivity, social anxiety and aggression.
- **Galactosemia** is an inherted disorder that affects how the body breads down a sugar called galacose.
- **Gaucher Disease** is an inherited disorder that commonly affects the liver, spleen, and bone marrow.
- **Medium Chain Acyl-CoA Dehydrogenase Deficiency** is an inherited disorder that causes the body to be unable to break down certain types of fat. If not treated, this disorder can lead to health problems such as seizures, breathing problems, liver problems, brain damage, coma, and even death.
- **Polycystic Kidney Disease, Autosomal Recessive** is an inherited disorder that affects the kidneys and other organs including the liver causing serious health problems and often leading to death in early infancy.
- **Smith-Lemli-Opitz Syndrome** Smith-Lemli-Opitz Syndrome is an autosomal recessive disorder that causes slow growth, small head size, moderate-to-severe intellectual disability, heart defects, cleft palate (opening at the roof of the mouth) and other birth defects. Lifespan in children with Smith-Lemli-Opitz Syndrome is shortened and death occurs before age 2 in up to a third of affected children. Currently there is no cure for this condition and treatment is based on symptoms.
- **Spinal muscular atrophy (SMA)** affects the muscles involved in breathing, swallowing, head and neck control, and crawling and walking. The most common form may cause death by two years of age. SMA does not affect intelligence
- **Tay-Sachs Disease:** This is a severe progressive neurodegenerative disease that can cause death in early childhood.

Limitations: Like all tests, this test has limitations. It is a screening test and is not intended to diagnose genetic conditions. If a risk is identified in your pregnancy, a prenatal diagnostic test such as chorionic villus sampling or amniocentesis is recommended. False positive and false negative results are rare but possible. This test is designed to look for specific genetic changes. It cannot detect all genetic changes that could cause health problems. Normal results do not guarantee a healthy pregnancy or baby. In the course of performing the test, information regarding other chromosomal alterations may become evident (called Incidental Findings). The laboratory does not report or comment on any Incidental Findings that may be noted in the course of analyzing the test data.

Risks: This test is performed on a blood draw. Side effects of having blood drawn are uncommon, but may include dizziness, fainting, soreness, bleeding, bruising, and, rarely, infection.

Required Information and Confidentiality: We keep test results confidential. Your test results will be sent only to the healthcare provider who ordered the test, or his/her agent, unless otherwise authorized by you or required by law. You may also contact us if you would like a copy of your test results. Your healthcare provider is responsible for interpreting your test results, explaining them to you, and determining the best next steps for your care. No other test will be performed and reported on your sample unless authorized by your healthcare provider. For the most accurate interpretation of test results, the laboratory needs to collect information about your health history. This may include information about your pregnancy (gestational age, number of babies), your health (height and weight, diabetes status, transplant status), and your family history (ethnic background, any known family history of genetic disease). This information is kept confidential. Collecting information about your pregnancy after testing is part of a laboratory's standard practice for quality purposes, and is required in several states. The laboratory may contact your healthcare provider to obtain this information.

Genetic Discrimination: The Genetic Information Nondiscrimination Act of 2008 was enacted by U.S. government to protect Americans against discrimination based on their genetic information for health insurance and employment. The laws may not protect against genetic discrimination in other circumstances, such as when applying for life insurance or long-term disability insurance. Talk to your healthcare provider or genetic counselor if you have concerns about genetic discrimination prior to testing.

Carrier screening is Voluntary: The decision to accept or decline testing is completely yours. You may wish to consult with a certified genetic counselor before consenting to this test. Ask your healthcare provider for information about genetic counseling resources that are available to you. You can also find a genetic counselor through the National Society of Genetic Counselors at www.nsgc.org or at the Maternal Fetal Medicine Clinic at Bergan Mercy Hospital.