

# Pregnancy History Checklist

Patient Name \_\_\_\_\_ Date \_\_\_\_\_ Intern/Clinician \_\_\_\_\_

## New Patients

\_\_\_\_\_ Name of obstetric care provider

\_\_\_\_\_ How many weeks pregnant, due date \_\_\_\_\_

Y or N Have you had any problems with this pregnancy?

Y or N Have you had any vaginal bleeding or leaking of fluid with this pregnancy? (miscarriage, preterm labor)

Y or N Have you had any contractions or tightness in your abdomen? (a concern prior to 36 weeks of pregnancy)

Y or N Have you had any pain in your legs? (thrombophlebitis)

Y or N Do you have any circulatory problems?

Y or N Have you had a fever? (UTI, PID)

Y or N Have you had changes in urination? Pain, frequency, urgency, change in color or odor (circle any that apply)

Y or N Did you have health problems with any previous pregnancies?

\_\_\_\_\_ Blood pressure at last OB appointment

\_\_\_\_\_ Date of next visit to obstetric care provider

## PROGNOSTIC INDICATORS FOR BACK PAIN IN PREGNANCY (any history of back pain and smoking are also prognostic indicators)

Y or N Did you have back problems with any previous pregnancies?

Y or N Is your pain worse at night? (Predominant nocturnal back pain is less responsive to musculoskeletal tx)

Y or N If so, is the pain relieved by changing your sleeping position?

Y or N Have you missed work with this pregnancy? If so, why?

Y or N Do you now or have you ever had a job involving heavy work? Lots of bending or twisting?

Y or N Does your work involve constrained work postures or inability to take breaks at will?

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## Continuing care at each office visit

Y or N Have you had any problems with your pregnancy since our last visit?

Y or N Have you had any contractions or tightness in your abdomen?

Y or N Have you had any vaginal bleeding or leaking of fluid? (miscarriage, preterm labor)

\_\_\_\_\_ Blood pressure at last OB appointment

\_\_\_\_\_ Date of next visit to obstetric care provider

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## Back pain patients not responding to treatment

Y or N Low back pain during first 16 wks only- Have you had pain in the rectum or groin region? (referral pattern for ectopic pregnancy)

Y or N Have you had a fever?

Y or N Have you had changes in urination? Pain, frequency, urgency, change in color or odor (circle any that apply)

Y or N Is your pain worse at night? (Predominant nocturnal back pain is less responsive to musculoskeletal tx)