Donna C. Roosa, MS, CNM
JoAnn Yates, MS, CNM
Lisa Millstein, MSN,CNM
Kimberly Maher, MSN, CNM
Jennifer Krogstad, MSN,CNM
Grace Rice, MSN, CNM
Julie Wood, MSN, WHNP

25 Lindsley Drive, Suite 201-A | Morristown, NJ 07960
Phone: 973.998.7922 | Fax: 973.998.7925 | info@avalonmidwives.com | www.avalonmidwives.com

MEDICAL HISTORY

Date _____

Name _____

Date of Birth _____

Email _____

Current Medications: _____

_____

Medication Allergy: _____

Food Allergy: _____

Latex Allergy: Yes or No

Surgical History: Date:

_____ _____

_____ _____

Social History:

- Tobacco _____
- Alcohol (#Drinks per week):_____
- Alcohol: _____
- Recreational Drugs: _____

Women's Health History:

- Date of last menstrual period: _____
- Age of 1st period: _____
- Frequency of period: _____
- Days of Flow: _____
- Flow: mild, moderate, heavy
- PMS: Yes / No _____
- Age of menopause: _____
- # of Years breastfeeding: _____
- Date of Last Pap Test: _____
- Abnormal Pap Test: Yes / No
- History of sexually transmitted diseases: Yes / No
- Breast Lumps/Disease: Yes / No
- Last Mammography: _____

Obstetrical History:

- # of Pregnancies: _____
- # of Births:_____
- # of Miscarriages:_____
- # of Abortions:_____
- # of Vaginal Births: _____
- # of Cesarean births:_____
- # VBAC's: _____

Check the following that apply:

- Pre-eclampsia
- Preterm delivery
- Elevated Blood Pressure
- Episiotomy, 3rd or 4th Degree Laceration
- Gestational diabetes
- Postpartum hemorrhage
- Postpartum depression

Neurological

- Migraines/frequent headaches
- Concussion/head injury
- Dizziness/fainting
- ADD/ADHD
- Seizures/Epilepsy
- Other _____
- Denies all the above

Eyes

- Eye injury/Disease
- Blindness
- Other _____
- Denies all the above

Ear, Nose, Throat

- Seasonal allergies
- Hearing loss/deafness
- Frequent ear infections
- Sinus infections
- Denies all the above

Donna C. Roosa, MS, CNM
JoAnn Yates, MS, CNM
Joanne Cunha, MS, CNM
Lisa Millstein, MSN, CNM
Kimberly M. Kirby, MSN, CNM
Ilona DeSantis, MSN, CNM

25 Lindsley Drive, Suite 201-A | Morristown, NJ 07960
Phone: 973.998.7922 | Fax: 973.998.7925 | info@avalonmidwives.com | www.avalonmidwives.com

Lungs
- o Asthma
- o Exercise-induced asthma
- o Other _____
- o Denies all the above

Cardiovascular
- o High blood pressure
- o High cholesterol
- o Heart murmur
- o History of palpitations
- o Other _____
- o Denies all the above

Gastrointestinal
- o Irritable bowel disease/Colitis
- o Gallbladder disease
- o Hemorrhoids
- o Hernia
- o Other _____
- o Denies all the above

Endocrine
- o Diabetes
- o Thyroid Disease
- o Other _____
- o Denies all the above

Genitourinary
- o Urinary tract infections
- o Kidney stones/disease
- o Other _____
- o Denies all the above

Musculoskeletal
- o Arthritis
- o Bone Fractures
- o Back/Disk problems
- o Scoliosis
- o Other _____
- o Denies all the above

Infections
- o Chicken Pox – disease or vaccine
- o Lyme's disease
- o Cold sores
- o Mononucleosis
- o Positive TB skin test
- o Other _____
- o Denies all the above

Blood Disorders
- o Anemia/thalassemia
- o Sickle cell trait/disease
- o Clotting Disorder
- o Other _____
- o Denies all the above

Mental Health
- o Eating disorder
- o Anxiety
- o Depression
- o Suicide attempt
- o Other _____
- o Denies all the above

Family History
- Heart Disease _____
- Neurological/Epilepsy _____
- Asthma/Tuberculosis _____
- Bleeding Disorders_____
- Hepatitis/Liver Disease _____
- Kidney Disease _____
- Diabetes _____
- Thyroid Disease _____
- Gestational Diabetes _____
- Autoimmune Disorders _____
- Cancer _____