

OBSTETRIC HISTORY

Number of pregnancies _____ (Including current,)

Number of vaginal deliveries _____ Number of cesarean deliveries _____ Number of episiotomies _____

Birthdates & birth weights of children _____

Have you suffered a miscarriage? No Yes, number of miscarriages _____

Past complications during pregnancy, labor, delivery or postpartum: vacuum postpartum hemorrhaging
forceps medication for bleeding postpartum depression preeclampsia other _____

History of the following: pelvic heaviness fibroids cysts endometriosis osteoporosis DVTs
gestational diabetes

CURRENT PREGNANCY

I am at _____ weeks gestation, with the due date of _____.

Concerns during this pregnancy? No Yes

If yes, please explain: _____

Has your physician placed you on any restrictions? No Yes

If yes, please explain: _____

Are you experiencing any problems with urinating? No Yes

If yes, please explain: _____

Are you experiencing any problems with bowel movements No Yes

If yes, please explain: _____

PAIN HISTORY

I do not have problems with pain.

I am sexually active at this time.

I am sexually inactive due to pain.

I am sexually inactive for other reasons.

I have pain with intercourse: My pain feels close to the vaginal opening My pain feels deep inside

My pain comes with an orgasm Other _____

I have pain after intercourse: when my bladder is full muscle/joint pain burning vaginal pain after sex

pain with urination backache migraine/headache pain with sitting other _____