OBSTETRIC HISTORY TEMPLATE

1. Patient Profile & Identification

- **Patient Name: _____ Age: _____ Occupation: _____**
- **Admission Date/Time: _____ Via:** [ ] ED [ ] Clinic [ ] Transfer
- **Informed Consent Obtained?** [ ] Yes [ ] No
- **Obstetric Summary: G___ P___** + ___ (Term / Preterm / Abortions / Living)
- **Blood Type & Rh Status: _____ Antibody Screen: _____**

2. Chief Complaint (CC)

State the patient's main symptom(s) and duration in their own words.

- _____ x _____ days/hours.

3. History of Presenting Illness (HPI)

- **Current Gestational Age:** _____ weeks + _____ days (By [ ] LMP [ ] Early US)
- **Mode of Conception:** [ ] Spontaneous [ ] IVF/Assisted
- **Antenatal Care (ANC):** [ ] Regular [ ] Irregular [ ] None | **Location: _____**

Current Symptom Breakdown: مهم اسأل عن الآلام الولادة وحركات الجنين يفضل بحدود

10 حركات للجنين في اليوم

- **Abdominal / Pelvic Pain: الام الولادة او الحمل**
  - *Onset & Character:* [ ] Sudden [ ] Gradual | [ ] Cramping/Colicky [ ] Dull/Constant
  - *Severity:* ____/10 | *Radiation:* _____
  - *Relieving/Aggravating Factors:* _____
- **Associated Obstetric/Gyn Symptoms:**
  - *Fetal Movement (Quickening اول حركة للجنين الام حست فيها):* [ ] Present & normal [ ] Decreased [ ] Not yet felt
  - *Fluid Loss:* [ ] Clear fluid gush/leak (SROM/PROM) [ ] None
  - *Discharge:* [ ] Foul-smelling [ ] Purulent [ ] None
- **Vaginal Bleeding:**
  - *Onset/Trigger:* [ ] Spontaneous [ ] Post-coital [ ] Trauma: _____
  - *Color:* [ ] Bright red / Fresh [ ] Dark brown / Old [ ] Pink/Serous
  - *Quantity:* _____ pads per [hour / day] | *Clots?* [ ] Yes [ ] No (Size: _____)

Systemic & Pre-Eclampsia Screen (>20 weeks focus):

- [ ] Headache [ ] Visual changes (Blurring/Flashes) [ ] Epigastric / RUQ pain
- [ ] Nausea / Vomiting [ ] Dizziness / Syncope [ ] Significant sudden edema (Face/Hands)
- [ ] Urinary symptoms (Dysuria, Frequency, Hematuria)
- [ ] Constitutional (Fever, Chills, Rigors)

4. Past Obstetric History (Chronological Table)

Incorporate every single pregnancy sequentially (including miscarriages, ectopics, and terminations).

# Year	Gestational Age (Weeks)	Pregnancy Complications (PET, GDM, Bleeding)	Mode of Delivery / Management (SVD, CS, D&C)	Birth Weight / Sex	Outcome & Neonatal Health
1					
2					
3					
4					
5					

5. Gynecological History

- **Menarche Age:** _____ years old | **Cycle:** Regular [ ] / Irregular [ ] (Every _____ days, lasting _____ days)
- **Pap Smear History:** [ ] Normal [ ] Abnormal [ ] Never checked (Last date: _____)
- **Sexually Transmitted Infections (STIs):** [ ] No [ ] Yes: _____
- **Contraception History (Prior to this pregnancy):** _____

6. Medical, Surgical, & Family History

- **Chronic Illnesses:** [ ] Hypertension [ ] Diabetes (Pre-gestational) [ ] Thyroid Disease [ ] Autoimmune/Thrombophilia [ ] Asthma
- **Past Surgical History:** (Detail any uterine surgeries like C-sections, myomectomies, or D&Cs):
  - _____ (Year: _____)
- **Family History:** [ ] Preeclampsia [ ] DM [ ] HTN [ ] Genetic anomalies/Bleeding disorders

7. Medication, Allergies, & Social History

- **Current Medications & Supplements:**

1. _____ Dose: _____ Freq: _____ Indication: _____
2. _____ Dose: _____ Freq: _____ Indication: _____

- **Recently Discontinued Medications:** (e.g., Aspirin, Low-Molecular-Weight Heparin)
  - Drug: _____ Reason/Date Stopped: _____
- **Allergies:** [ ] NKDA [ ] Food/Drug: _____ Reaction: _____
- **Social:** [ ] Smoking [ ] Alcohol [ ] Herbs/Alternative remedies: _____

8. Summary & Assessment Impression

A 1-2 sentence clinical summary statement.

- "The patient is a **G**___ **P**___ at ____ weeks gestation presenting with _____ in the background of _____ (e.g., known thrombophilia, placenta previa)."

Clerkship Tip: When you're using this template in real-time, circle the positive symptoms and cross through the negative ones to keep your workflow fast and scannable.