

BELLINGHAM

Patient Name: _____ Date: _____

OB/GYN

SOCIAL HISTORY

Smoking Status: (Current, Former or Social)	
Years of tobacco use:	
Vaping Status: (Current, Former or Social)	
Years of vaping product use:	
Smoking amount: (packs per day/week)	
Passive smoke exposure:	
Alcohol intake:	
Alcohol intake pre-pregnancy:	
Illicit drug use:	
Illicit drug use pre-pregnancy:	
Caffeine intake:	
Dietary restrictions:	
General stress level: (Low, Medium or High)	
Exercise level: (None, Occasional, Moderate, or Heavy)	
Hobbies/Activities:	
Is blood transfusion acceptable in case of emergency?	
Sexual orientation:	
Number of current sexual partners:	
Marital status:	
Country of birth:	
Highest level of education completed:	
Occupation:	
Perform monthly self-breast exams?	
Seatbelts used routinely?	
Have you recently (within the last 12 weeks or during current pregnancy) traveled to or lived in a Zika- affected area?	
Do you have symptoms associated with Zika virus (fever, rash, joint pain, or conjunctivitis)?	
History of Domestic Violence?	