

# MEDICAL HISTORY for MEDICAL ABORTION

Please complete and circle answer where necessary

1. NAME \_\_\_\_\_ DATE \_\_\_\_\_

2. AGE \_\_\_\_\_

3. Is this your first pregnancy?      **YES** (If YES, go to 8)      **NO**

4. Do you have any children?      **YES**      **NO** (If NO, go to 5)

How old are your children?    \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Are you breastfeeding?      **YES**      **NO**

How were the children born?    **Vaginally**      **Caesarean**      **both**

Were there any complications? \_\_\_\_\_

5. Have you had any miscarriages?      **YES**      **NO** (If NO, go to 6)

How many miscarriages have you had? \_\_\_\_\_

Did any miscarriages require an operation in hospital?      **YES**      **NO**

When was the last miscarriage? \_\_\_\_\_

Were there any complications? \_\_\_\_\_

6. Have you ever had a termination of pregnancy?      **YES**      **NO** (If NO, go to 7)

When and where was the last termination? \_\_\_\_\_

How was the termination performed?      **MEDICAL**      **SURGICAL**

Were there any complications? \_\_\_\_\_

7. Have you ever had an ectopic pregnancy (in the Fallopian tube)?      **YES**      **NO**

If YES, what happened?

8. When was the first day of your last menstrual period? \_\_\_\_\_

Was this a normal period?      **YES**      **NO**

How often do you get a period?    **28 days**    **>28 days**    **<28 days**    **Irregular**

How many days do you bleed?      **<5**      **5-10**      **>10**

How would you describe the amount of bleeding?    **Mild**      **Moderate**      **Heavy**

How would you rate pain with periods?    **None**    **Mild**      **Moderate**      **Severe**

9. Was any form of contraception used when you fell pregnant?      **YES**      **NO**

If so, what contraception what was used and why do you think it failed? \_\_\_\_\_

Is there any contraception that interests you? If so, what? \_\_\_\_\_

10. Have you had any prior surgery requiring an anaesthetic?      **YES**      **NO**

What operations have you had?

**PTO**

Were there any problems with anaesthetics or relatives with problems? \_\_\_\_\_

11. Do you have or have had any of these medical problems? **Please circle**  
Asthma      diabetes      epilepsy      high blood pressure      heart problems  
heart murmurs      anaemia      bleeding problems      blood disorders  
hepatitis B      hepatitis C      anaemia      liver disorder      severe diarrhoea  
Crohn's disease      sexually transmitted infection      adrenal gland problems  
other \_\_\_\_\_

12. Do you take any medications? **YES**      **NO**  
What medications do you take? \_\_\_\_\_

13. Do you have any allergies? **YES**      **NO**  
What allergies do you have and what happens? \_\_\_\_\_

14. What is your blood group, if known? \_\_\_\_\_

15. Have you ever had a papsmear? **YES**      **NO**  
When was your last papsmear? \_\_\_\_\_  
What was the result? \_\_\_\_\_

16. Do you smoke cigarettes? **YES**      **NO**  
How many cigarettes per day do you smoke? \_\_\_\_\_

17. Do you drink alcohol? **YES**      **NO**  
How often do you drink? **Every day**      **once/week**      **weekends**      **monthly**

18. Do you take any other recreational drugs? **YES**      **NO**  
How often? **Every day**      **once/week**      **weekends**      **monthly**

**FOR PATIENTS CONTEMPLATING SURGICAL ABORTION TODAY PLEASE ANSWER THE FOLLOWING QUESTIONS:**

19. When was the last time you ate or drank anything? \_\_\_\_\_

20. How are you getting home today? \_\_\_\_\_

21. Is someone taking you home today? **YES**      **NO**  
If so, who (first name)? \_\_\_\_\_  
What relationship does this person have to you? \_\_\_\_\_  
Contact phone number of support person? \_\_\_\_\_  
Would you like this person to join you in recovery after the procedure? **YES**      **NO**

22. Are there any questions that you would like to ask the doctor? \_\_\_\_\_

*All information is treated confidentially.*

*After completing this form you will have a consultation with the doctor and an opportunity to ask questions. You are under no obligation to have a medical or surgical abortion today if you are not ready.*