Sangopan
nurture with love

Client Medical History Format

Preliminary details	
Name	
Age	
Contact Number	
City	
Occupation	

Marriage History	
Year of Marriage	
Duration of Active Married Life	
Members of family	
No. of Children	

General History	
History of any previous illness	☐ Hypertension ☐ Diabetes ☐ Thyroid ☐ Paralysis ☐ Asthma ☐ Skin Diseases ☐ Blood infections ☐ Any Other Chronic illness
History of any Viral infections	☐ Mumps ☐ Chicken Pox ☐ Rubella ☐ Measles ☐ Typhoid ☐ Jaundice
History of Allergies	☐ Medicine ☐ Food
History of any Previous Surgeries	☐ Yes ☐ No
Previous Contraceptive History	☐ Yes ☐ No If Yes Pls, specify

Personal History	
Height	
Weight	
Dietary History	☐ Vegetarian ☐ Non-Vegetarian
Appetite	☐ More ☐ Less
Bowel Habits	☐ Regular ☐ Constipated
Urine	☐ Normal ☐ Specify if any issue
Sleep Pattern	☐ No of Hours
Exercise	☐ Yes ☐ No ☐ Specify- What do you follow?
Addictions	☐ Yes ☐ No ☐ Specify- What do you follow?

Menstrual History					
Age of Menarche					
Menstrual Cycle (in terms of days)	☐ Regular	☐ Irregular			
Flow	☐ Excess	☐ Moderate	☐ Scanty	☐ Painful	☐ Less
No. of Days	☐ 2-3	☐ 3-5	☐ 5-7	☐ <7 days	

Obstretic History	
Last Delivery Month/Year	
Gravid- How many times has you conceived?	
History of any Abortions/ Miscarriage	
History of Premature/ Delayed Labor	

Total Deliveries	☐ Regular ☐ Irregular
Nature of delivery	☐ Normal ☐ C-section ☐ Forceps
Any Complications during Pregnancy	
Any Complications during labor	
History of any postdelivery complications	

Lactation Questionnaire	
How is your nipple shape?	☐ Normal ☐ Flat ☐ inverted
What was the baby's birth weight?	
What is the baby's weight now?	
How many times a day do you breastfeed?	
how long does each breastfeeding session last?	
how is your baby doing?	
has your baby gained weight	
Are you in pain when breastfeeding	
Do you feel uncomfortable breastfeeding around others or in public?	
For how how long do you intend to breastfeed?	