OPOP HEALTH HISTORY

NORTH DAKOTA DEPARTMENT OF HEALTH
OPTIMAL PREGNANCY OUTCOME PROGRAM
SFN 16852 (Rev. 9-2015)

OPTIMAL PREGNANCY OUTCOME PROGRAM

Name	Date of Birth

HEALTH HISTORY

	PATIENT
1. Congenital Anomalies	
2. Genetic Diseases	
3. Diabetes Mellitus	
4. Emotional Health (PHQ-2/9 Score)	
5. History of Abuse	
6. Infections/STDs	
7. Neurological Disorders (Seizures)	
8. Anemia	
9. ATOD (Alcohol, Tobacco and Other Drugs)	
10. Other Diseases (Please List)	
11. Pertinent Family History	

Menstrual History		Previous Birth Control		
Gravida	Term	Preterm	Abortions ☐ S ☐ I	Living

PREGNANCY HISTORY

No.	Month/Year	Sex	Weight at Birth	Weeks Gestation	Type of Delivery	Details of Delivery
1						
2						
3						
4						
5						

Client's Main Concern

Information Received By	Date