TIPS – history taking

1. IDENTIFICATION DATA

Name –
Age –
Residency –
Educatn –
profession –
Blood group →

LMP →

G P[TPAL]

Husband's Name –
Husbandi profession –
time since marriage →
Husbandi Blood group →

[Booked / Unbooked]
[Registered / Referred]

EDD →

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2. Cheif COMPLAINTS → (great detail)

3. H/O PRESENT PREGNANCY

period of amenorrhea →
Conceivement → spontaneous / planned / treatment
Realizatn of pregnancy → symptoms / pregnancy test kit / other
confirmatn of pregnancy →

1st trimester

Nausea – Vomiting
Folic Acid tablets (Yellow)
Ultrasound – (& date?)
Tetanus toxoid

[Fever
Pain – abd. / pelvic / back
Burning micturitn
Discharge
Bleeding p/v]
ANC visit?

2nd trimester

Iron + Folic Acid tablets
Quickening – date?
Ultrasound –
Tetanus toxoid?

[Fever
Pain – Abd / pelvic / back
bleeding – p/v]

3rd Trimester

Ultrasound
ANC visits?
bleeding p/v

[ ]

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④ POST NATAL
breastfeeding
Lochia ~ Odor
colour
urinat^{n} of mother –
feces of mother –

⑤ PAST OBSTETRICS HISTORY → * for each pregnancy *

Ⓐ Pregnancy
Outcome of pregnancy
gestational age at delivery
* if Abortion (method of abort^{n})

Ⓑ Delivery
Normal / C-section (Why?)
LABOR [induced/spontaneous, normal/prolonged]
place of delivery →
complications →

Ⓒ Perperium
complications

Ⓓ Baby
Gender
Age (current)
Birth wt.
breastfeeding
immunizat^{n}

⑥ MENSTRUAL HISTORY
Menarch – Age
Cycle – No. of days
Rhythm – Regular/irregular
Post-coital bleeding
Contraceptive use
* Note LNMP here if not noted before

⑦ PAST HISTORY
H/o blood transfusion
any surgery
Chronic disease –
DM
HTN
TB
(Pelvic inflammatory Disease)
other (medicine History)

⑧ Family History

⑨ Personal History
diet
Smoking
alcoholism

⑩ Allergy
(drug allergy)