Republic of the Philippines
SOCIAL SECURITY SYSTEM
PASIG PIONEER BRANCH
2nd Floor Cromagen Building,
8007 Pioneer St. Brgy. Kapitolyo, Pasig City
Telefax No. 721-3040 ; Email Address : pasig-pioneer@sss.gov.ph

NAME: _____ DATE: _____

SSS#: _____

COMPLETE OBSTETRICAL HISTORY
(To be filled up by attending OB-GYNE)

A. Obstetrical score: _____

B. Detailed OB history (complete data below using this format)

GT 1 = _____ / _____
(date) (outcome – *SD/CS/ABORTION/MISCARRIAGE*)

GT 2 = _____ / _____
(date) (outcome – N*SD/CS/ABORTION/MISCARRIAGE*)

GT 3= _____ / _____
(date) (outcome – N*SD/CS/ABORTION/MISCARRIAGE*)

GT 4 = _____ / _____
(date) (outcome – N*SD/CS/ABORTION/MISCARRIAGE*)

C. OTHER REMARKS (if any)

_____

_____

_____

NOTE: This serves as the member's **MEDICAL CERTIFICATE**

_____
SIGNATURE OVER PRINTED NAME OF ATTENDING
OB-GYNECOLOGIST