

Patient Information

Name _____ DOB _____
Primary Language _____ Education Level _____ Baby's Father _____
Language at home _____ Hazards _____ Phone _____
Birthplace _____ Religion _____ Support Person _____
Mother's Ethnicity _____ Religion _____ Baby's Father Ethnicity _____
Mother's Race _____ Pediatrician _____
Occupation _____ Employer _____ Employment Status _____

Patient Request(s) Concern(s) _____

Prenatal Classes ___ Yes ___ No Feeding: ___ Breast ___ Bottle ___ Both

Does patient agree to transfusion: ___ Yes ___ No Desires tubal ligation: ___ Yes ___ No

Tobacco Use: _____

Alcohol: ___ Yes ___ No ___ Former

Caffeine: ___ Yes ___ No

2ND Hand Smoke Exposure ___ Yes ___ No

Illicit/Recreational Drugs ___ Yes ___ No ___ Former

Lifestyle: Activity Level _____

Health Club Member ___ Now ___ Previously ___ Never

Exercise Frequency: _____

Type of Exercise: _____

Hobbies / Activities: _____

Diet History _____

Safety: Firearms in home: ___ Yes ___ No

Smoke detectors in home: ___ Yes ___ No

Seatbelt use: ___ Yes ___ No

Carbon monoxide detectors in home: ___ Yes ___ No

Cats in home: ___ Yes ___ No

Radon in the home: ___ Yes ___ No

Medical History

Table with 3 columns of medical history items (Diabetes, High Blood Pressure, Heart disease, etc.) and checkboxes for -Neg, +Pos, and pregnancy status.

31. Surgical History _____

Infection History

Table with 3 columns of infection history items (Live with someone with TB, Patient or partner has history of genital herpes, etc.) and checkboxes for No, Yes.

Genetic Screening / Teratology Counseling

Includes patient, baby's father, or anyone in either family with:

	No	Yes	Mother (patient)	Father Baby's	relative (mother or father)
1. Patient's age 35 or older as of estimated date of delivery	___	___	___	___	___
2. Thalassemia (Italian, Greek Mediterranean or Asian background: MCV less than 80	___	___	___	___	___
3. Neural tube defect (meningomyelocele, spina bifida, anencephaly)	___	___	___	___	___
4. Congenital heart defect	___	___	___	___	___
5. Down syndrome	___	___	___	___	___
6. Tay-sachs (Ashkenazi Jewish)	___	___	___	___	___
7. Canavan disease (Ashkenazi Jewish)	___	___	___	___	___
8. Familial dysautonomia (Ashkenazi Jewish)	___	___	___	___	___
9. Sickle Cell disease or trait (African)	___	___	___	___	___
10. Hemophilia or other blood disorders	___	___	___	___	___
11. Muscular dystrophy	___	___	___	___	___
12. Cystic fibrosis	___	___	___	___	___
13. Huntington's chorea	___	___	___	___	___
14. Mental retardation / autism	___	___	___	___	___
15. Other inherited genetic or chromosomal disorder	___	___	___	___	___
16. Maternal metabolic disorder (e.g. type 1 diabetes, PKU)	___	___	___	___	___
17. Patient or baby's father had a child with birth defects not listed above	___	___	___	___	___
18. Recurrent pregnancy loss of a still birth	___	___	___	___	___
19. Medications(including supplements, vitamins, herbs, or OTC drugs / illicit / Recreational drugs / alcohol since LMP (if yes, list agent(s) and strength / dose)	___	___	___	___	___
20. Other: _____					

Risk Factors

	No	Yes	No	Yes	No	Yes
Patient Profile						
Age < 20 or > 35	___	___				
Less than 8 th grade education	___	___				
Small pelvis	___	___				
Small stature (<5 feet tall)	___	___				
Addiction						
Alcohol use	___	___				
Drug use	___	___				
Smoking	___	___				
Social factors						
Abusive relationship	___	___				
Cats	___	___				
No family support	___	___				
Poor living environment	___	___				
Significant social problems	___	___				
Gynecological history						
Cervical lacerations/conizations	___	___				
Infertility	___	___				
Past uterine surgery	___	___				
Previous abnormal PAP	___	___				
Uterine abnormalities	___	___				
Obstetrical factors						
Parity						
Primigravida (1 st Pregnancy)	___	___				
Grand multiparity - (Given birth 2 or more times)	___	___				
Past pregnancies						
2 or more abortions	___	___				
7 or more prior deliveries	___	___				
Abnormal labor	___	___				
ABO incompatibility	___	___				
Anesthesia intolerance	___	___				
Short cervix	___	___				
Chorioamnionitis or GBS	___	___				
C-section	___	___				
Fetal / neonatal death	___	___				
Gestational diabetes	___	___				
Hemorrhage during pregnancy	___	___				
Infant > 4,000 grams (>9 lbs)	___	___				
Intrauterine fetal growth retardation	___	___				
Late presentation	___	___				
Low birth weight infant	___	___				
Neurologically damaged infant	___	___				
Oligohydramnios - (Low amniotic fluid)	___	___				
Polyhydramnios - (High Amniotic Fluid)	___	___				
Pre-eclampsia / eclampsia	___	___				
Pregnancy induced hypertension	___	___				
Premature birth	___	___				
Premature rupture of membranes	___	___				
RH isoimmunizations	___	___				
Present Pregnancy						
2 nd pregnancy in 12 months	___	___				
Bleeding	___	___				
GBS positive	___	___				
Oligohydramnios - (Low amniotic fluid)	___	___				
Polyhydramnios - (High Amniotic Fluid)	___	___				
Placenta previa	___	___				
Placental abruption	___	___				
Poor compliance	___	___				
Premature rupture of membranes	___	___				
Threatened premature labor	___	___				
Uncertain dates	___	___				
Weight - excessive gain	___	___				
Weight - failure to gain	___	___				