Visalia Ob/Gyn Medical Associates, Inc
Prenatal Questionnaire

Name _____ Partner's Name _____
Occupation _____ Occupation _____
Age _____ Age _____

Marital Status: Single Married Widowed Divorced Separated Other

First Day of your last menstrual period ____/____/____ Date of first positive pregnancy test ____/____/____

Do you have a period every month? _____

Current pregnancy result of IVF or intrauterine insemination. Date or transfer or insemination ____/____/____

Total pregnancies including this one _____
Full term births (within 3 weeks of due date) _____
Preterm births (20 weeks to 36 weeks) _____
Miscarriages (losses before 20 weeks) _____
Pregnancy terminations _____
Ectopic pregnancies _____
Multiple births (twins, triplets) _____
Living children _____

If you had a previous pregnancy, have you experienced:

- ❑ Gestational Diabetes
  - ○ Requiring diet change only
  - ○ Requiring insulin
- ❑ Preeclampsia
- ❑ Postpartum hemorrhage
- ❑ Postpartum depression

Birth History

Mo/yr Delivered	How close to due date	Birth weight	c/s or vaginal suction or forceps	City	Doctor	Male or Female	Name of child	Problems with pregnancy or delivery

Past and Current Medical History

Mark all that apply

- ❑ Diabetes
- ❑ High blood pressure
- ❑ Asthma
- ❑ Thyroid problems
- ❑ Kidney problems
- ❑ Liver problems
- ❑ Genital Herpes
- ❑ Fibroids
- ❑ Uterine abnormality
- ❑ Polycystic ovaries
- ❑ Blood clots
- ❑ Blood transfusion
- ❑ Treatment for an abnormal pap smear
- ❑ Treatment for infertility
- ❑ Sexually transmitted diseases
- ❑ Heart problems - mitral valve prolapse
- ❑ Lung diseases
- ❑ TB
- ❑ Valley Fever
- ❑ Stomach or intestinal problems
- ❑ Anxiety/Depression/Psychiatric Illness
- ❑ Seizures
- ❑ Anemia
- ❑ HIV/AIDS
- ❑ Environmental allergies
- ❑ Arthritis
- ❑ Skin diseases
- ❑ Collagen Vascular Diseases
- ❑ Chicken pox/Shingles
- ❑ Cancer _____
- ❑ Other diseases _____

Past Operations

Mark all that apply

- ❑ Appendix removal
- ❑ Tonsil removal
- ❑ Gallbladder removal
- ❑ Cesarean section
- ❑ Ectopic pregnancy
- ❑ Tubal ligation
- ❑ Laparoscopy
- ❑ Other gynecologic surgery
- ❑ Biopsies
- ❑ Cryotherapy of cervix
- ❑ LEEP
- ❑ Breast Augmentation
- ❑ Abdominoplasty
- ❑ Anesthesia problems
- ❑ Other_____

Allergy to (please circle): Latex Surgical tape

Medication allergies: _____

Current prescription medications: _____

_____

Current over the counter medications: _____

_____

Have you ever smoked/vaped? Yes No Currently _____ packs per day

Have you had any alcohol during the pregnancy? Yes No How much?_____

In the last 2 years have you used?

Marijuana	Yes	No	Ecstasy	Yes	No	Methamphetamines	Yes	No
Crank	Yes	No	Heroin	Yes	No	Other drugs	Yes	No
Cocaine/crack	Yes	No	Amphetamines	Yes	No	_____		

Does anyone in your family (parents, grandparents, siblings, children) have? Mark all that apply. Who?

- ❑ Diabetes_____
- ❑ High blood pressure_____
- ❑ Thyroid disease_____
- ❑ Cardiac disease _____
- ❑ Neurological disease _____
- ❑ Asthma _____
- ❑ Cancer _____
- ❑ Kidney disease _____
- ❑ Diseases of the blood_____
- ❑ Psychiatric disorder_____

Will you be 35 or older when you deliver this baby? Yes No

Has anyone in your family or the father of the baby's family ever had the following?	Yes	No
A baby with a Neural Tube defect		
A stillbirth		
A baby with a chromosomal disorder		
A baby with a genetic disorder		
Cystic Fibrosis		
Tay-Sachs		
Anemia/Blood Disorders		
Hemophilia		
Muscular Dystrophy		
Huntington's Chorea		
Developmental delayed/Autism		
Sickle Cell Anemia		
Metabolic Disorders (PKU)		
Cleft Lip/Palate		
Deafness or Blindness at Birth		
Fragile X Syndrome		
Down's Syndrome		
Other inherited disease		

What was your pre-pregnancy weight? _____

How are you planning to feed your baby? Breast Formula Undecided

Who is your family or internal medicine doctor? _____

Which pediatrician or family doctor will be the baby's doctor? _____

Are you taking prenatal vitamins? Yes No

Do you have any cats? Yes No

Are you thinking about having your tubes tied? Yes No

Would you accept a blood transfusion in an emergency? Yes No

Other comments/questions not covered:_____

_____