Visalia OB/Gyn Medical Associates, Inc
Prenatal Questionnaire

Name____________________________ Partner's Name____________________
Occupation _______________________ Occupation _______________________
Age ______________________________ Age______________________________
Marital Status: Single Married Widowed Divorced Separated Other
How long have you been together?_________ years

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

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 (diabetes, high blood pressure, hemorrhage, premature labor, group B strep, etc.)

Past and Current Medical History- check all that apply

- ❑ Diabetes
- ❑ High Blood Pressure
- ❑ Asthma
- ❑ Thyroid Problems
- ❑ Kidney Problems
- ❑ Liver Problems
- ❑ Genital Herpes
- ❑ Cancer
- ❑ Heart problems (mitral valve prolapse)
- ❑ Lung diseases (Tuberculosis)
- ❑ Stomach or intestinal problems
- ❑ Treatment for an abnormal pap smear
- ❑ Sexually transmitted diseases
- ❑ Anxiety/Depression/Psychiatric Illness
- ❑ Seizures
- ❑ Anemia
- ❑ HIV/AIDS
- ❑ Environmental allergies
- ❑ Latex allergy
- ❑ Arthritis
- ❑ Skin diseases
- ❑ Collagen Vascular Diseases
- ❑ Other diseases

Past Operations- check all that apply

- ❑ Appendix removal
- ❑ Tonsil removal
- ❑ Gallbladder removal
- ❑ Cesarean section
- ❑ Ectopic pregnancy
- ❑ Tubal ligation
- ❑ Laparoscopy
- ❑ Other gynecologic surgery
- ❑ Other

Medication allergies:____
Current Prescription Medications:____

Current Over the Counter Medications:____

Have you ever smoked? 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**	**Heroine**	**yes**	**no**
Crank	**yes**	**no**	**Amphetamines**	**yes**	**no**
Cocaine/crack	**yes**	**no**	**Meth**	**yes**	**no**
Ecstasy	**yes**	**no**	**Other drugs**	**yes**	**no**

Does anyone in your family (parents, grandparents, siblings, children) have?

(Check all that apply) **(who has it?)**

- ❑ Diabetes ______________________________
- ❑ High blood pressure ______________________________
- ❑ Thyroid disease ______________________________
- ❑ Cardiac disease ______________________________
- ❑ Neurological disease ______________________________
- ❑ Asthma ______________________________
- ❑ Cancer ______________________________
- ❑ Kidney disease ______________________________
- ❑ Diseases of the blood ______________________________

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

Does anyone in your family or the father of the baby's family have:

- A baby with a Neural Tube defect? Yes No
- A stillbirth? Yes No
- Three or more miscarriages? Yes No
- A baby with a chromosomal disorder? Yes No
- A baby with a genetic disorder? Yes No
- Cystic fibrosis? **(a disorder of the exocrine glands causing thick mucus production and obstruction of the intestinal glands, pancreas, and bronchi of the lungs)** Yes No
- Tay-Sachs disease? **(disorder of the lipid metabolism causing blindness, mental retardation, and death in infancy)** Yes No
- Thalassemia? **(a blood disease causing severe anemia and requiring multiple blood transfusions early in life)** Yes No
- Hemophilia? **(disorder where the blood does not clot)** Yes No
- Muscular Dystrophy? **(disease characterized by severe muscle weakness and atrophy)** Yes No
- Huntington's Chorea? **(a mental disorder that starts around age 40 and causes slowly declining mental function and abnormal movements)** Yes No
- Mental Retardation? Yes No
- Other inherited diseases? Yes No

What was your prepregnancy 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 a prenatal vitamin? Yes No

Do you have any cats that use a litter box? Yes No

Are you thinking about having your tubes tied? Yes No