

Care for Women New Obstetrics Questionnaire

Name _____

Date of Birth _____

Congratulations on this exciting time in your life. Whether this is your first pregnancy or your fifth it will bring a range of emotions and physical changes. We appreciate you allowing us to share in this experience with you. In order for us to take the best possible care of you and your baby we need to know a little more information.

Genetic screening is optional for every pregnancy, and it is your choice if you feel the results will change the outcome of your pregnancy. Please review the following conditions and mark with an X any condition that a blood related relative in your family or the baby's father family may have.

- | | | |
|--|--|---|
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Infant Death | <input type="checkbox"/> Childhood Death |
| <input type="checkbox"/> Hydrocephalus | <input type="checkbox"/> Sickle Cell Disease/Trait | <input type="checkbox"/> Tay-Sachs Disease/Trait |
| <input type="checkbox"/> Mental Retardation/Autism | <input type="checkbox"/> Down's syndrome | <input type="checkbox"/> Spina Bifida/Back Defects |
| <input type="checkbox"/> Thalassemia Disorder/Trait | <input type="checkbox"/> Cystic Fibrosis Disease/Trait | <input type="checkbox"/> Galactosemia/Phenylketonuria |
| <input type="checkbox"/> Hemophilia/Bleeding Disorder | <input type="checkbox"/> Cleft Lip/Palate | <input type="checkbox"/> Huntington's chorea |
| <input type="checkbox"/> Porphyria | <input type="checkbox"/> Congenital Heart Defect | <input type="checkbox"/> Polycystic Kidneys |
| <input type="checkbox"/> Blindness/Deaf | <input type="checkbox"/> Dwarfism | <input type="checkbox"/> Neural Tube Defect |
| <input type="checkbox"/> Other Inherited Genetic or Chromosomal Disorder | | <input type="checkbox"/> Any Birth Defect Not Listed |

Please let me know if you or the father is Ashkenazi Jews, East Indian, or Polynesian. If you are in one of the mentioned groups please mark yes if you would like to be screened for Tay-Sachs, Sickle Cell or Thalassemia.

Yes _____ No _____

Cystic fibrosis causes increased risk for pneumonia, pancreatic, and digestive abnormalities. It also causes infertility, and a decreased life span. If you would like this screening test please mark yes.

Yes _____ No _____

We will be drawing a panel of blood from you. This includes your blood type, an STD screening panel, and an anemia check. These are all highly recommended. We will draw blood again around 28 weeks when we do a diabetes screen.

The last issue is regarding screening for Trisomy 13, 18, 21, and neural tube defects like Spina Bifida, cleft lip, and abdominal wall defects. Again this is optional. Trisomy means that instead of having normal set of 2 chromosomes there are 3. Trisomy 21 is Down's syndrome. We now offer screening to every mom. The screening tests are just that-screening-not diagnostic. If you fail the screening test we will then recommend an appointment with Maternal Fetal Medicine specialist (High Risk OB doctor) for an extensive ultrasound of the baby and an opportunity to choose to do any further testing for diagnosis.

Please choose if you would like to have a screening test, and which one you would like to do.

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> No Screening | <input type="checkbox"/> First Trimester Screen
92% Pick up rate
Ultrasound & blood test
11-14 wks & 16wks another blood test | <input type="checkbox"/> Second Trimester Screen
87% Pick up rate
Blood test
16 wks |
|---------------------------------------|--|--|

Date _____ Signature of Pt _____ Print Name _____

Witness _____

DO YOU NOW OR HAVE YOU EVER HAD?

Allergy to Local Anesthetics.....Y.....N	Anemia.....Y.....N	Cancer.....Y.....N
Bleeding Tendency.....Y.....N	Chest PainY.....N	Diabetes.....Y.....N
Blood Transfusion History.....Y.....N	Heart Attack.....Y.....N	Liver Disease.....Y.....N
Breast Disease or Surgery.....Y.....N	Cosmetic Surgery.....Y.....N	Heart Disease.....Y.....N
Heart Valve Problem/Replacement..Y.....N	Heart Murmur.....Y.....N	Ulcers.....Y.....N
High Blood Pressure.....Y.....N	Polio.....Y.....N	Kidney Disease.....Y.....N
Epilepsy or Seizures.....Y.....N	Hepatitis/Jaundice.....Y.....N	Lung Disease.....Y.....N
Excessive Alcohol Use.....Y.....N	Illegal Drug Use.....Y.....N	Stroke.....Y.....N
Urinary Tract Infections.....Y.....N	Thyroid DiseaseY.....N	Rheumatic Fever.....Y.....N
Smoke/Use Tobacco.....Y.....N	Auto Immune Disorder..Y.....N	Varicosities/Phlebitis....Y.....N
Neurologic/Epilepsy.....Y.....N	Psychiatric.....Y.....N	Pulmonary Disease.....Y.....N
Trauma/Domestic Violence.....Y.....N	Recurrent Pregnancy Loss, or Still Birth.....Y.....N	D (Rh) Sensitized.....Y.....N
History of Abnormal Pap/HPV.....Y.....N	Uterine Abnormalities...Y.....N	

ARE YOU NOW OR EVER BEEN EXPOSED TO?

Toxoplasmosis (Cats/Raw Meat).....Y.....N	Rash or Viral Illness since last LMPY.....N
Genital Herpes (pt or partner).....Y.....N	History of STD (pt or partner) Chlamydia, Gonorrhea, Syphilis.....Y.....N
Radiation or Addictive Medication.....Y.....N	High Risk Hepatitis B/Immunized (pt or partner).....Y.....N
Chickenpox/Shingles.....Y.....N	Tuberculosis.....Y.....N

ZIKA VIRUS EXPOSURE:

Have you traveled outside the state of Texas in the past 6 months? Y...N....If so where? _____

Has your partner traveled outside the state of Texas in the past 6 months? Y.....N....If so where? _____

If your partner traveled to a Zika infected region have you had unprotected intercourse since they have returned? Y.....N

Do you plan to travel outside the state of Texas during this pregnancy? Y.....N....If so where? _____

The government wants us to make sure you know there are certain risks to being pregnant and delivering. Signing below indicate you have read and understand the risks.

Vaginal Birth: Injury to the bladder at the time of birth or later a fistula can form causing a communication between the bladder and the vagina. Injury to the rectum with fistula is possible also. Secondly, bleeding may occur that requires a blood transfusion, hysterectomy, or other treatment resulting in sterility. Brain damage or even death to the baby may occur as a result of birth. Many times the cause is unknown.

Cesarean Birth: Injury to the bladder, bowel, ureters or other anatomy in the pelvis is possible. Secondly, bleeding may occur that requires a blood transfusion, hysterectomy or other treatment resulting in sterility. Brain damage or even death to the baby may occur as a result of birth. Many times the cause is unknown.

Date _____ Signature of Pt _____ Print Name _____

Witness _____