Pediatric Heart Center

MEDICAL INFORMATION FOR FETALS

TODAY'S DATE: _____

NAME: _____
D.O.B.: _____ **AGE:** _____ **RACE:** _____

REFFERING MD: _____ **DUE DATE:** _____
 # OF WEEKS PREGNANT: _____
BABY'S GENDER: MALE FEMALE UNKNOWN

INCLUDING THIS PREGNANCY, PLEASE LIST THE TOTAL # OF PREGNANCIES:
PREGNANCIES: _____ LOSSES: _____ ABORTIONS: _____

BABIES BIRTHWEIGHTS: _____

HOW MANY C-SECTIONS? _____ OR VAGINAL DELIVERIES? _____

PERSONAL MEDICAL HISTORY:

1) DIABETES	**YES/NO**
2) HYPERTENSION (high blood pressure)	**YES/NO**
3) HEART DISEASE	**YES/NO**
4) KIDNEY DISORDERS	**YES/NO**
5) SEIZURES DISORDER	**YES/NO**
6) PSYCHIATRIC DISORDER	**YES/NO**
7) THYROID PROBLEMS	**YES/NO**
8) LUPUS	**YES/NO**
9) ASTHMA	**YES/NO**
10) ARRHYTHMIAS	**YES/NO**

ANY OTHER MEDICAL PROBLEMS: _____

FAMILY HISTORY: IF YES, PLEASE LIST RELATIONSHIP TO YOURSELF OR TO THE FATHER OF THE CHILD:

1)	CONGENITAL HEART DISEASE:	**YES/NO** _____
2)	CARDIOMYOPATHY:	**YES/NO** _____
3)	CORONARY ARTERY DISEASE:	**YES/NO** _____
4)	DIABETES:	**YES/NO** _____
5)	HYPERTENSION:	**YES/NO** _____
6)	MENTAL RETARDATION:	**YES/NO** _____
7)	BIRTH DEFECTS:	**YES/NO** _____
8)	LEARNING DISABILITIES:	**YES/NO** _____
9)	ARRHYTHMIAS	**YES/NO** _____
10)	SUDDEN DEATH	**YES/NO** _____

BLOOD TYPE: _____

ANY KNOWN **ALLERGIES** TO **MEDICATION**? _____

HAVE YOU EVER HAD ANY SURGERIES? IF YES, WHAT KIND? WHEN?
_____

ARE YOU CURRENTLY ON ANY MEDICATIONS/PRENATAL VITAMINS? **YES/NO:**
*** If yes please list the medications, amounts, and how often you take the medications.***
_____
_____

DO YOU SMOKE? YES/NO
FORMER SMOKER? YES/NO
DO YOU DRINK? YES/NO
FORMER DRINKER? YES/NO
TAKE DRUGS? YES/NO
FORMER DRUG USER? YES/NO

HOW MANY CIGARETTES DAILY? _____
HOW OFTEN? _____
IF YES WHAT KIND? _____

PATIENT SIGNATURE_____

Patient history form was reviewed with patient. Total physician face-to-face time for this encounter was ____minutes of which more than 50% was spent for counseling and coordination of care including fetal cardiac management.

Physician signature: _____ Date reviewed: _____