OB/GYN

Obstetrics Questionnaire

Name: ____ Date of Birth :____________________

Father of Baby/Support Person's Name: ____

How old will you be by your due date? _____ years old.

Have you have had chicken pox or shingles or have been vaccinated for chicken pox? YES NO

Is this pregnancy the result of infertility treatments? YES NO If so, what kind? _______________

Are you interested in screening for birth defects and chromosomal abnormalities (ultrasound and blood tests offered to all pregnant women)? YES NO MAYBE

Do you want a blood test panel to determine if you carry the gene(s) for certain diseases including:

Cystic Fibrosis, Sickle Cell Disease, Tay Sachs Disease, Small Muscular Atrophy, Alpha and Beta Thalasemia YES NO

For both you and the father of the baby, is there a family history of:

Mother's Family	Father's Family		Mother's Family	Father's Family	
☐	☐	Children who died before birth or shortly after	☐	☐	Mental retardation
☐	☐	Cystic Fibrosis	☐	☐	Muscular Dystrophy
☐	☐	Diabetes	☐	☐	Neural tube defects
☐	☐	Downs Syndrome	☐	☐	Tay Sachs Disease
☐	☐	Hemophilia	☐	☐	Thalassemia
☐	☐	Huntington's Chorea	☐	☐	Other Chromosomal disorders or birth defects

First day of your last menstrual period. ___________________

Was it normal? YES NO

How far apart are your menstrual cycles? ____________ Days

Are they regular or irregular? __________________________

Date of positive pregnancy test? ________________________

Was this pregnancy conceived on birth control pills? YES NO

I am of the following ethnicity: (please circle)

Asian African-American Caucasian French-Canadian Jewish Hispanic Mediterranean Other

The father of the baby is of the following ethnicity: (please circle)

Asian African-American Caucasian French-Canadian Jewish Hispanic Mediterranean Other

Do you own a cat? YES NO Who changes the litter box? __________________________________

Would you accept a blood transfusion to save your life? Yes No HIV testing will be done with your routine labs

Patient Signature: ____ Date: ______________________________

Last Update: July, 2017