

CENTER FOR PEDIATRIC & FETAL CARDIOLOGY OF SOUTH FLORIDA

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PRACTICE LIMITED TO CARDIOVASCULAR DISEASES IN THE FETUS, INFANTS, CHILDREN AND YOUNG ADULTS

MEDICAL INFORMATION

Date: _____

Weeks Gestation _____

PATIENT NAME: _____ DOB: _____ AGE: _____ RACE: _____

of Pregnancies _____ Live Births _____ Premature _____ Miscarriage/Termination _____ Live _____

Due Date _____ Hospital of delivery _____

C/Sections _____ Normal Vaginal Deliveries _____ Blood Type _____

Obstetricians: _____

Perinatologist: _____

Reason for Referral: _____

Maternal questions

YES

NO

Family history of CHD _____

Metabolic Disease _____

Teratogen exposure (Med, Viruses, X-ray) _____

Isoimmunization maternal RH disease _____

Exposure to prostaglandin synthase inhibitors _____

(ASA, ibuprofen, idometacin) _____

Rubella infection _____

Other infections (1st Trimester) _____

Autoimmune Disease (SLE, sjogren's) _____

Familiar Inherited disorders _____

(Ellisvancreveald, marfan, Noonan's) _____

In Vitro fertilization _____

Fetal Indication

YES

NO

Extra cardiac Abnormality _____

Chromosomal abnormality _____

Did you do Amniocentesis, CVS, cellfree DNA _____

Arrhythmias _____

Hydrops _____

Increased 1st trimester nuchal translucency _____

Multiple gestation or suspicion of _____

twin-twin transfusion syndrome _____