

Ultrasound Questionnaire

- yes no Did your current pregnancy result from IVF treatment?
- yes no Have you had a cesarean delivery (c-section) in any prior pregnancy?
- yes no Have you had a prior baby born **more than 3 weeks** before the due date?

If yes, how many weeks before the due date _____

- What was the reason? Went into labor
- Water broke
- Other reason _____

- yes no Were any of the following people born with a heart defect?
- yes no You: What defect _____
- yes no Father of pregnancy: What defect _____
- yes no A previous child: What defect _____

Have you been told you have or had any of the following:

- yes no Gestational diabetes
- yes no Diabetes, Type 1 or Type 2
- yes no Lupus or Sjogren syndrome
- yes no Marfan syndrome
- yes no Phenylketonuria

Please list any medications (other than vitamins) you have taken during the pregnancy:

Or check: I have not taken any medications (other than vitamins) during the pregnancy.

Signed by Patient _____ Date: _____

Office Use Only:

Signed by Obstetrix _____ Date _____

Preeclampsia Risk Factors

What is your height _____? Usual weight before pregnancy _____?

Have you been told you have or had any of the following:

- yes no Preeclampsia ("toxemia") in a previous pregnancy
- yes no Twins or triplets in the current pregnancy
- yes no Hypertension (high blood pressure)
- yes no Diabetes (type 1 or type 2)
- yes no Kidney disease
- yes no Autoimmune disorder (lupus, rheumatoid arthritis, etc.)
- yes no Antiphospholipid or anticardiolipin syndrome
- yes no Did your mother or sister have preeclampsia ("toxemia") during a pregnancy?
- yes no Are you 35 years old or more?
- yes no Was this pregnancy conceived by IVF (in vitro fertilization)?
- yes no Did you weigh less than 6 pounds (2.5 kg) at birth?
- yes no Are you of African or Afro-Caribbean ancestry?
- yes no Will this be your first child?

If you have previous children,

- yes no Is your youngest child 10 years old or more?
- yes no Any previous child weighing less than 6 pounds (2.5 kg) at birth?
- yes no Are you taking low-dose aspirin (81 mg daily)?

Signed by Patient _____ Date: _____

Office Use Only:

- BMI _____ (Init _____) GA _____ wks
- 1st trimester PAPP A < 0.4 Rec ASA
- 2nd trimester HCG > 0.3, Inhibin-A > 2.0, AFP > 2.0, uE3 < 0.5 No Rec
- Uterine artery Doppler US
- PLGF, SFLT, other analytes E&M

Signed by Obstetrix _____ Date _____

