

Ultrasound Questionnaire

Your Name: _____ DOB: _____

Age: _____ LMP: _____

Pre-pregnancy weight: _____ Current weight: _____ Height: _____

Please answer the following questions:

- | Y | N | |
|----------|----------|--|
| ___ | ___ | Do you have diabetes, type 1 or type 2? |
| ___ | ___ | Do you have gestational diabetes? |
| ___ | ___ | Do you have Lupus? |
| ___ | ___ | Do you have Marfan syndrome? |
| ___ | ___ | Do you have Phenylketonuria? |
| ___ | ___ | Do you have Sjogren's syndrome? |
| ___ | ___ | Did this pregnancy result from IVF treatment? |
| ___ | ___ | Do you have a heart defect? What defect? _____ |
| ___ | ___ | Does the father of your pregnancy have a heart defect?
What defect? _____ |
| ___ | ___ | Do you or the father of pregnancy have a previous baby born with
a heart defect? If yes, what defect? _____ |

Please answer if you had a prior baby born more than 3 wks before the due date.

- | Y | N | |
|----------|----------|--|
| ___ | ___ | Premature labor. How many weeks before due date? _____ |
| ___ | ___ | Water broke early. How many weeks before due date? _____ |
| ___ | ___ | Early delivery because of other problem. What? _____ |

List any medications other than vitamins you have taken during the pregnancy:

For office use only:

Reviewed by: _____ Date: _____