

♥CHILD CARDIOLOGY ASSOCIATES♥

CONFIDENTIAL FETAL HEALTH QUESTIONNAIRE

Patient's Name (Mother): _____ Patient's Birth Date: _____

Address: _____

Home Phone: _____ Daytime Phone: _____

Referring Physician/Obstetrician: _____

Physician Address: _____ Phone: _____

Why have you been referred for a fetal echocardiogram? _____

1. How many weeks pregnant are you? _____
2. When is your due date? _____
3. What is the date of your last menstrual period (LMP)? _____
4. How many times have you been pregnant (including this pregnancy)? _____
5. Have you had any miscarriages? Yes No If yes, how many and why? _____

6. Do you or any blood relatives to your baby have any of the following medical problems?
 - a. Heart Attack? Yes No If yes, which relative? _____
 - b. Heart Murmur? Yes No If yes, which relative? _____
 - c. High Blood Pressure? Yes No If yes, which relative? _____
 - d. Mitral Valve Prolapse? Yes No If yes, which relative? _____
 - e. Congenital (born with) Heart Disease?
Yes No If yes, which relative? _____
 - f. Stroke? Yes No If yes, which relative? _____
 - g. Rheumatic Fever? Yes No If yes, which relative? _____
 - h. Diabetes (sugar)? Yes No If yes, which relative? _____
 - i. Seizures? Yes No If yes, which relative? _____
 - j. Lung Problems? Yes No If yes, which relative? _____
 - k. Immune Disorders (e.g. Lupus)?
Yes No If yes, which relative? _____
 - k. Other? _____
Yes No If yes, which relative? _____

Over Please →

7. Do you have any other children? Yes No If yes, please fill in chart.

Male or Female	Age	Health

8. Are you taking any medications (now or at any time during your pregnancy)?

Yes No

If yes, please list:

9. Where will you deliver this child?

10. What are the ages of the baby's parents? Mother _____ Father _____

11. What are the parent's occupations/jobs:

Mother _____

Father _____

Thank you for your help.

♥ ♥ Remember, at Child Cardiology Associates, our care is ALL HEART! ♥ ♥