**Service Requested**

**Maternal Problems**
- Maternal preexisting medical condition
- Maternal disease in pregnancy (HTN, GDN, etc.)
- Maternal history of prior OB complications
- Maternal exposure to teratogens or medications
- Maternal placentation issues
- Other ________________________________

**Fetal Problems**
- Abnormal fetal sonogram/MRI
- Abnormal fetal aneuploidy testing
- Suspected abnormal fetal growth/AFI
- Abnormal biophysical profile and/or NST
- Fetal doppler study investigation-surveillance
- 1st trimester sonogram (including screening, etc.)
- 2nd trimester detailed fetal anatomy survey
- Invasive fetal diagnosis (amniocentesis, CVS)
- Fetal echocardiogram

**Genetic Counseling**
- Advanced maternal age
- Maternal history of hereditary disease affecting pregnancy
- Family history of hereditary disease or malformation
- Other ________________________________

**Appointment:** Date ___________________________ Time _______________________________________

**Location:**  
- Allen  
- Dallas Presby  
- Richardson  
- Rockwall

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If you receive a survey in the e-mail by *Press Ganey*, please complete it and let us know how we can improve.