



DURHAM WOMEN'S
CENTER L.L.C.

"Comprehensive Care for Women"

4 Ethel Road - Ste 402B
Edison, NJ 08817
Tel: (732) 287-3643
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Name _____ Date _____

INITIAL PREGNANCY VISIT QUESTIONNAIRE

GENERAL INFORMATION

Do you have any drug allergies?

Are you allergic to *latex*?

What is your occupation?

What is your primary language?

Other languages spoken?

What was the last grade you completed in school?

What is your *ethnic background*?

Name/contact number of spouse/domestic partner

Father of baby, if different than above

PAST PREGNANCY HISTORY:

How many times have you been pregnant?

Full term deliveries

Preterm deliveries

Miscarriages

Abortions

Ectopic pregnancies

Multiple births (twins, triplets, etc)

Living children

GYNECOLOGIC HISTORY:

What was the first day of your last menstrual period?

Is that definite or approximate?

Do you get menstrual periods monthly?

How many days from the beginning of one period until the beginning of the next
(e.g. 28 days, 30 days)

How long do your menstrual periods usually last for?

How old were you when you had your first period?

Have you ever had an abnormal pap smear result?

Dates of positive pregnancy test? Blood or urine test?

Were you taking birth control pills when you became pregnant?

MEDICAL HISTORY:

Are you diabetic?

Do you have hypertension (*high blood pressure?*)

Do you have heart disease?

Do you have any autoimmune or rheumatic diseases?
(*Lupus, rheumatoid arthritis?*)

Do you have any kidney diseases, had urinary tract infections,
Or kidney stones?

Do you or have you had seizures or other neurological diseases?

Do you have a history of any psychiatric problems?

Have you had depression or post-partum depression?

Do you, or have you had any liver disease or hepatitis?

Have you ever had a thyroid problem?

Have you been the victim of trauma or domestic violence?

Have you ever had a blood transfusion?

Do you smoke (tobacco)? If so, how much at present and before pregnancy?

Do you drink alcoholic beverages? How much now and pre-pregnancy?

Have you used and street/recreational drug since or before pregnancy?

Have you been told that you have Rh disease or an Rh problem?

Do you/have you had any lung problems (e.g. asthma, TB)

Do you have any seasonal allergies?

Have you had varicosities or phlebitis/blood clots in veins?

Have you had any breast problems/biopsies?

Any gynecologic (female) surgeries?

Any other surgeries (e.g. *appendix, gall bladder, wisdom teeth, D&C*)

If yes, dates, reasons for surgery, and complications

Have you ever had any difficulty or reactions to anesthesia?

Have you been told that your uterus has an unusual shape?

Have you experienced difficulty getting pregnant?

Have you had any fertility treatments (this or previous pregnancies)

GENETIC SCREENING:

Questions regarding you, baby's father, or anyone in EITHER family

Will you be over 35 years of age when baby is born?

Is there any Greek, Mediterranean or Asian ancestry?

Any spinal defects, including spina bifida, anencephaly, of meningocele?

Heart defects which were congenital (i.e. present at birth)

Down Syndrome, Mongolism, chromosome problem?

Tay-Sachs disease? Canavan disease? Familial dysautonomia?

Cajun/French Canadian/ Ashkenazi Jewish Ancestry

Sickle cell disease/trait?

Hemophilia?

Clotting disorders (too little or too much)

Muscular dystrophy?

Cystic fibrosis?

Spinal muscular atrophy?

Huntington's Disease?

Mental retardation/autism?

If yes, was person tested for fragile X?

Any other inherited or chromosomal disorder?

PKU?

Have you or baby's father had a child with birth defects not listed above?

Repeated miscarriages?

Stillbirths?

What *medications, supplements, vitamins, herbals, recreational drugs, or alcohol* have you ingested since your last menstrual period?

INFECTION SCREENING:

Have you been exposed to TB or live with someone who has it?

Do you or your partner have a history of genital herpes?

Have you had any rashes or viruses since your last menstrual period?

Have you ever had hepatitis B? Been vaccinated against it?

Hepatitis C?

Any history of sexually transmitted infections
(including *gonorrhea, chlamydia, syphilis, HPV, PID*)?

Anything else about your medical history, family history, or living situation?

