

Mercy Clinic Women's Health

Patient Name: _____ Today's Date: _____

Congratulations on your wonderful news! We look forward to sharing this experience with you and your family.

Please complete this Prenatal Questionnaire:

Date of your last menstrual period: _____ Was this a normal period for you? Y or N

Were you on birth control at the time of conception? Y or N

Did you use any fertility methods to achieve pregnancy? Y or N

If yes, what was used? _____

Date of positive pregnancy test: _____

Baby's Father's Name: _____

List any previous pregnancies (including miscarriages, abortions, tubal pregnancies):

Month And Year	Gestational Age	Length of Labor	Birth Weight	Male or Female	Type of Delivery	Anesthesia	Place of Delivery	Preterm Labor Y or N	Complications Or Comments

Genetic Screen/Teratology Counseling (Includes patient, baby's father, or anyone in either family):

Will you be 35 or older as of the date of delivery?	Yes or No	Huntington's Chorea	Yes or No
Thalassemia	Yes or No	Mental Retardation/Autism	Yes or No
Neural Tube Defect	Yes or No	If yes was person tested for Fragile X	Yes or No
Congenital Heart Defect	Yes or No	Other inherited genetic or chromosomal disorder	Yes or No
Down Syndrome	Yes or No	Maternal Metabolic Disorder	Yes or No
Tay-Sachs (e.g. Jewish, Cajun, French, Canadian)	Yes or No	ie, Diabetes, PKU	Yes or No
Canavan Disease	Yes or No	Had a child with birth defect not listed above	Yes or No
Sickle Cell Disease or Trait	Yes or No	Recurrent pregnancy loss or a still birth	Yes or No
Hemophilia or other blood disorders	Yes or No	Have you had alcohol since your last period	Yes or No
Muscular Dystrophy	Yes or No		
Cystic Fibrosis	Yes or No		
Any Other	Yes or No		
Do you use recreational drugs?	Yes or No		

If you circled yes to any of the above questions, please explain:

Do you know your blood type?	Yes or No	If yes, what is your blood type? _____
Do you have cats at home?	Yes or No	
Do you have a pediatrician?	Yes or No	If yes, what is his/her name? _____
If you have a boy, do you want him circumcised?	Yes or No	
Have you thought about birth control after delivery?	Yes or No	
What are your plans for pain control in labor?	Natural Epidural Other	
Are you planning to:	Breastfeed or Bottlefeed	

Please list any and all medications (including supplements, vitamins, herbs, over-the-counter) you are taking:
