



FETAL CARDIOLOGY CLINIC

NEW PATIENT QUESTIONNAIRE

Name: _____
Date of birth: _____ Age : _____
Who referred you to the Fetal Cardiology Clinic? _____
Reason for referral: _____

Regarding this pregnancy:

What is your current gestational age ? _____ weeks
What is your expected due date? _____
Who is your obstetrician? _____
What is your expected delivery location? St. Charles – Bend
 St. Charles – Redmond
 Other _____
Have you had any complications/illnesses during this pregnancy? Yes No
If yes, please explain:

Who will be your baby's pediatrician/family doctor?
 Name: _____
 Undecided

Past Pregnancy History:

Including this time, how many times have you been pregnant? _____
How many living children do you have? _____
Have you had any miscarriages or stillbirths? Yes No
Have you had any past pregnancy complications? Yes No
If yes, please explain:

Past Medical History:

Do you have or have you had any heart conditions? Yes No
If yes, please explain:

Are you taking any medications other than prenatal vitamins? Yes No
If yes, please list:

Do you have any chronic medical conditions? Yes No
If yes, please explain:

Have you had any previous hospitalizations (other than for labor and delivery) or major illnesses?

Yes No

If yes, please explain:

Family History:

(Please answer for baby's mother's family and baby's father's family)

Have any family members had any of the following:

- Born with a congenital heart defect
- Sudden death as a child or young adult
- Heart rhythm abnormalities
- Genetic syndromes

If yes, please explain:

Social History:

Marital status: Married Single Divorced Widowed

Please list children living with you and their ages:

Number of other persons living with you: _____

Occupation : _____

Employer: _____

Highest level of education completed: _____

Smoking history:

Never:

Not during this pregnancy:

Yes (amount, frequency): _____

Have you used drugs not prescribed by a doctor?

Never:

Not during this pregnancy:

Yes (type and frequency): _____

Do you drink alcohol?

Never:

Not during this pregnancy:

Yes (type, amount, frequency): _____