

PRENATAL HEALTH SCREENING QUESTIONNAIRE

NAVAL MEDICAL CENTER SAN DIEGO

DEPARTMENT OF OBSTETRICS

We realize pregnancy is an important event for you and your family. This brief medical assessment will assist us in determining how best to serve your prenatal health care needs. You will be asked to complete a comprehensive prenatal questionnaire before your first appointment.

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOU:

NAME:

ID NO

AGE

WEIGHT

DATE

YES

NO

Are you allergic to anything?

Do you have or have you ever had

a) Heart problem or high blood pressure?

b) Kidney or bladder problems?

c) DIABETES?

d) ASTHMA?

e) Anemia or blood problems?

f) Epilepsy or seizures?

g) Emotional/alcohol/drug problems?

Do you have any other significant medical problems as explained to you by a doctor? _____

Are you presently taking any medications?

What was the first day of your last normal menstrual period?

EDC

When did you stop taking the pill? _____

How many times have you been pregnant? _____

How many children do you have? _____

CHECK ANY OF THE FOLLOWING THAT PERTAIN TO YOU:**MATERNAL CONDITIONS****NEONATAL/INFANT** C-SECTION PREMATURE LABOR PREMATURE (20-36 Weeks) CONE BIOPSY ECLAMPSIA PERINATAL DEATH CERCLAGE SEVERE HYPERTENSION MAJOR CONGENITAL ABNORMALITIES GENETIC OR METABOLIC DISORDERS OF THE NEWBORN UNEXPLAINED NEONATAL DEATH

PATIENT INFORMATION

This completed form, along with

1) proof of pregnancy

2) blue hospital card

3) military ID

Are necessary to register to prenatal care

THANK YOU!