



The Doctors Women Trust - The Lifetime of Care They Deserve

OB Risk Screening Questionnaire

Please check all that apply to your history

24411 Health Center Drive • Suite 200 C • Laguna Hills • CA 92653
1300 Avenida Vista Hermosa • Suite 150 • San Clemente • CA 92653
Office (949) 829-5500

Full Name: _____	Today's Date: _____
Date of Birth: _____	SSN: _____
Physician: _____	Patient Account #: _____

GENERAL

- DEM04 2 YES NO Will you be 35-38 years old when you deliver?
- DEM04C 3 YES NO Will you be 39 years old or older when you deliver?
- DEM05 2 YES NO Will you be less than 18 years of age at delivery?
- DEM06 1 YES NO Are you allergic to any medications? List: _____
- FET09 5 YES NO Have you ever had a baby with Rh disease or related problems? (not to be confused with RH Negative)
- FET14 5 YES NO Are you pregnant with triplets (or more)?
- FET15 3 YES NO Are you pregnant with twins?
- FET17 2 YES NO Have you had a child die at an early age? Age: _____ Reason: _____

FAMILY/GENETIC HISTORY

- FHX01 2 YES NO Does anyone in your family have cystic fibrosis? Baby's father's family? List: _____
- FHX03 2 YES NO Does anyone in your family have down syndrome or other genetic abnormalities? Baby's father's family?
List: _____
- FHX04 2 YES NO Does anyone in your family have a bleeding problem – Hemophilia? Baby's father's family?
List: _____
- FHX06 2 YES NO Is anyone in your family considered "slow" or has an unexplained condition of mental retardation? Baby's father's family?
List: _____
- FHX10 2 YES NO Does anyone in your family have autism? _____ Baby's father's family? _____
- FHX07 2 YES NO Does anyone in your family have Muscular Dystrophy? _____ Baby's father's family? _____
- FHX02 2 YES NO Does anyone in your family have Spinal Muscular Atrophy? _____ Baby's father's family? _____
- FHX08 2 YES NO Does anyone in your family have Phenylketonuria (PKU)? _____ Baby's father's family? _____
- FHX20 2 YES NO Does anyone in your family have a serious genetic problem not listed above? _____ Baby's father's family? _____
- FHX21 2 YES NO Does anyone in your family have a neural tube defect? (ex. meningomyelocele open spine, or anencephaly)? _____ Baby's father's family? _____
- FHX22 2 YES NO Does anyone in your family have Huntington's Chorea? _____ Baby's father's family? _____
- GEN07 1 YES NO Are you of Jewish or French Canadian Heritage? Which? _____ Is baby's father? _____ Which? _____
- GEN08 1 YES NO Are you of Mediterranean or Asian heritage? Which? _____ Is baby's father? _____ Which? _____
- GEN10 5 YES NO Do you have sickle cell anemia or thalassemia? Which? _____ Is Baby's Father? _____ Which? _____
- GEN12 3 YES NO Have you ever been pregnant with a baby which had significant birth defects or genetic abnormalities?
- GEN13 4 YES NO Were you on prescription medications when you got pregnant? List: _____
- GEN14 3 YES NO Have you had an X-Ray or radioactive medications since your last menstrual period? If so, shielded? _____
- GEN15 4 YES NO Have you been exposed to any harmful chemicals during the pregnancy? List: _____

PAST OBSTETRICAL/GYNECOLOGIC

- GYN04 5 YES NO Have you ever been told you have an abnormally formed uterus?
- GYN05 4 YES NO Have you ever lost a pregnancy between 15 to 25 weeks?
- GYN05A 3 YES NO Have you had three or more miscarriages?
- GYN05C 5 YES NO Have you ever been diagnosed as having an incompetent cervix or had a cerclage? If yes, which? _____
- GYN20 4 YES NO Have you ever been told you have uterine fibroids?

INFECTION RISKS

- INF09 2 YES NO Have you ever been treated for sexually transmitted disease? (ex.HPV, Syphilis, Gonorrhea, Chlamydia)
Which? : _____
- INF11 2 YES NO Have you or your partner ever been diagnosed with genital herpes? If yes, who? _____
- INF19 2 YES NO Have you been treated for 3 or more urinary tract infections within a one year period? When? _____
- INF20 5 YES NO Have you ever been told you are HIV positive?

- INF22 4 YES NO Have you ever had Fifth Disease (Parvovirus) or been exposed to fifth disease since being pregnant?
- INF23 2 YES NO Did you receive a transfusion of blood prior to 1985?
- INF25 2 YES NO Have you ever been diagnosed with Hepatitis B?

MEDICAL

- MED04 3 YES NO Have you ever had cancer which is in remission? Type of cancer: _____
- MED04C 5 YES NO Are you currently being treated for cancer?
- MED07 3 YES NO Have you ever been told you have high blood pressure while pregnant?
- MED07A 4 YES NO Are you taking medication to control high blood pressure? List: _____
- MED07C 5 YES NO Have you been told you have high blood pressure from kidney disease?
- MED08A 5 YES NO Do you have asthma? If yes, list any medications: _____
- MED28C 5 YES NO Have you been hospitalized for breathing problems not related to asthma?
- MED10C 5 YES NO If your mother took DES, have you ever delivered a premature baby?
- MED11 4 YES NO Do you have a history of seizures?
- MED11C 5 YES NO Are you taking medication to control your seizures? If yes, list medications _____
- MED12D 4 YES NO Have you ever been diagnosed with kidney problems, such as a structural defect, or pyelonephritis?
- MED12E 5 YES NO If yes, do you have hypertension or other problems?
- MED 50 3 YES NO Have you ever been diagnosed with a thyroid disorder?
- MED 51 5 YES NO Are you taking medication for a thyroid disorder? If yes, list medication _____
- MED15 5 YES NO Do you have diabetes? If yes, list any medications you take to control your diabetes _____
- MED15C 5 YES NO Do you have diabetes with high blood pressure, or kidney problems?
- MED16 4 YES NO Have you ever been diagnosed with systemic lupus erythematosus?
- MED16C 5 YES NO Have you ever taken medications for lupus or had complications from your lupus? List: _____
- MED17 2 YES NO Have you ever been diagnosed with mitral valve prolapse?
- MED21 3 YES NO Have you ever been told you have heart problems?
- MED22A 4 YES NO Have you ever been told you have a tendency to form blood clots easily (Blood Factor)?
- MED23 5 YES NO Have you ever had a stroke or other neurologic problem?
- MED24 3 YES NO Have you ever been told you have a low platelet count?
- MED26C 3 YES NO Have you ever been treated for anxiety or depression?
- MED26 3 YES NO Are you currently being treated for anxiety or depression? If yes, which one? _____ Medications : _____
- MED27 4 YES NO Have you ever been treated for blood clots in your legs or lungs?

OBSTETRICAL

- PAS19 2 YES NO Have you ever had a delivery by cesarean section? Reason: _____
- PAS07 2 YES NO If you had a previous cesarean section, do you plan on having another cesarean section?
- PAS25 2 YES NO If you had a previous cesarean section, are you planning on a VBAC (vaginal birth after cesarean section)?
- PAS20 3 YES NO Have you ever delivered an infant weighing 9 pounds or more?
- PAS21 3 YES NO Have you ever delivered an infant weighing less than 5 pounds at full term?
- PAS22 3 YES NO During any previous pregnancy, did you have placental abruption?
- PAS23 3 YES NO With any previous pregnancy, did you experience hemorrhage after delivery?
- PAS13 4 YES NO Have you ever delivered a stillborn child?
- PAS12 4 YES NO Have you been hospitalized and treated for premature labor or delivered a premature baby (36 weeks or earlier)?
- PAS16 3 YES NO Have you ever had surgery on your uterus (fibroid removal, septum removal, etc.)?
- PAS17 3 YES NO Have you ever had surgery on your cervix (conization, freezing, LEEP, etc.)?
- PAS18 2 YES NO Have you ever had a tubal pregnancy (ectopic pregnancy)?

SOCIAL HABITS

- SOC03 1 YES NO Do you currently drink alcohol? Quantity _____ Frequency _____
- SOC05 2 YES NO Do you have bulimia, anorexia or any other serious eating disorder?
Please explain: _____
- SOC13 2 YES NO Do you ever feel threatened by physical, emotional or verbal abuse?
Please explain: _____
- SOC15 2 YES NO Do you currently smoke cigarettes? Quantity _____ Frequency _____
- SOC17 2 YES NO Have you ever had a history of substance abuse?
- SOC18 4 YES NO Are you currently using recreational drugs? If yes, list _____
- SOC19 1 YES NO Have you used any over the counter medications since becoming pregnant? List: _____