

THE CENTER FOR PEDIATRIC & ADOLESCENT MEDICINE

New Patient Paperwork: Prenatal

Expected Delivery Date: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Address: _____ Home Phone #: _____

_____ Cell Phone #: _____

Work# (mom): _____ Work# (dad): _____

Please answer "yes" or "no" to the following questions:

Will the expecting mother be age 35 years or older when the baby is due: _____

Are you experiencing any complications with this pregnancy? _____

If yes, please explain: _____

Have you taken any medications (including non-prescription drugs) or recreational drugs since becoming pregnant or since your last menstrual period? _____

If yes, please explain _____

Do you smoke? _____

Have you been smoking during this pregnancy? _____

If yes, how much? _____

Have you used alcohol during this pregnancy?

If yes, Type: _____ *How Much?* _____ *How Often:* _____

In any previous marriage or birth have you or the baby's father had a child with birth defects? (stillborn or alive) _____

If yes, please explain: _____

In any previous relationships, have you or the baby's father had a still born or child? Or more than two "first trimester" spontaneous pregnancy losses? _____

Have you, the baby's father, or anyone in either family ever had a history of the following disorders? (If yes, please note the relationship to the baby)

	YES	NO	Relationship
Down's Syndrome	_____	_____	_____
Neural Tube Defect	_____	_____	_____
Spina Bifida	_____	_____	_____
Meningomyelocele	_____	_____	_____
Anencephaly	_____	_____	_____
Hemophilia	_____	_____	_____
Cystic Fibrosis	_____	_____	_____
Muscular Dystrophy	_____	_____	_____
Familial Disorder	_____	_____	_____
Other Birth Defect	_____	_____	_____
Other not listed disorders?	_____		

Please answer "yes" or "no" to the following questions:

Have either of you had a chromosomal study?

If yes, results? _____

If you or the baby's father is African American, have either of you been screened for Sickle Cell Trait?

If yes, indicate who and results _____

If you or the baby's father is Italian, Greek, Mediterranean, Philippine, or Southeast Asian background, has either of you been tested for Thalassemia? _____

If yes, indicate who and results: _____