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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PRENATAL QUESTIONNAIRE

Will you be 35 years or older at the time of your delivery? YES NO

Have you had previous complications in past pregnancies? YES NO

Explain: **Example: Shoulder Dystocia**

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**Are you or the baby's father...**

Eastern European Jewish ancestry? YES NO

African American ancestry? YES NO

**Is there anyone in you or your baby's father's family with:**

Inherited anemia? (i.e., thalassemia) YES NO

Spina Bifida or anencephaly? YES NO

Congenital heart problems? YES NO

Down's syndrome? YES NO

Tay Sachs or Canavan? YES NO

Sickle Cell disease or trait? YES NO

Hemophilia or blood disorders? YES NO

Muscular Dystrophy? YES NO

Cystic Fibrosis? YES NO

Mental retardation/autism YES NO

Other inherited or genetic disorders? YES NO

**Have You ....**

Have you had three or more spontaneous miscarriages? YES NO

Have you ever had **shoulder dystocia** with a past delivery? YES NO

Were fertility drugs used in this pregnancy? YES NO

Have you had blood type problems in a previous pregnancy? YES NO

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Prenatal Questionnaire Continued  
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Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Have you ever been treated for any sexually transmitted disease? (Syphilis, Gonorrhea, Herpes, Hepatitis, etc.)	YES	NO
Do you smoke?	YES	NO
Do you use recreational drugs?	YES	NO
Do you use alcohol?	YES	NO
Have you been exposed to any chemicals or toxic substances?	YES	NO
Have you ever had any blood clots or phlebitis?	YES	NO
Have any family members ever had a blood clot?	YES	NO
Are you a vegetarian or had any nutritional deficiency?	YES	NO
Have you had a stillborn infant?	YES	NO
Do you weigh more than 200 pounds?	YES	NO
Have you had recurrent urinary tract infections?	YES	NO
Have you had a prior premature delivery?	YES	NO
Have you ever had an incompetent cervix?	YES	NO
Do you have any heart problems?	YES	NO
Do you take antibiotics when you have dental work?	YES	NO
Have you ever been rejected as a blood donor?	YES	NO
Have you ever had liver disease or live with someone with Hepatitis B?	YES	NO
Do you own or care for a cat or exotic bird?	YES	NO
Have you ever had a bleeding or clotting problems?	YES	NO
Have you ever had ulcerative colitis or Crohn's Disease?	YES	NO
Have you been the victim of domestic or sexual violence?	YES	NO
Do you have a history of depression?	YES	NO
Do you have a history of postpartum depression?	YES	NO
Have you ever had a latex allergy?	YES	NO
Are you a Jehovah's Witness?	YES	NO
Would you refuse blood or blood products transfusion to save you or your baby's life?	YES	NO

Prenatal Questionnaire Continued  
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Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Answering all of the above questions with a "NO" will not guarantee you with a perfect outcome for your pregnancy. You may be in a higher or lower risk group depending on your answers. Even under the best of circumstances, there are less than ideal outcomes that are out of our control.

I have read all of the above questions and answered them to the best of my ability. All questions answered with "YES" have been discussed with me to my satisfaction.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

I desire further testing or counseling for \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date