

Preferred Physician, if any:

Current Weight / Height / BMI

Goal of Care:

Necessary for initial review of all referrals

Recent summary of care / referral letter

Pertinent lab results

Pertinent radiology results

How many times have you been pregnant including this one? _____

Please specify number of previous:

_____ Births

_____ Premature Births**
(less than 37 weeks)

_____ Multiple births

_____ Terminated pregnancies

_____ Miscarriages**

_____ Ectopic pregnancies**

_____ C-Sections

_____ Living children

Was this pregnancy assisted? (i.e. IVF, fertility drugs, etc.)**

Yes

No

Have you ever been treated for a high-risk condition such as gestational diabetes, high blood pressure, or another high-risk condition?

Yes

No

If Yes, please specify condition: _____

Have you ever had a premature birth (less than 37 weeks)?

Yes

No

If yes, at how many weeks? _____

Date of occurrence? _____

Any indication for premature delivery? _____

Do you have any personal health problems?

Yes

No

If yes, please describe: _____

Are you on any medications?

Yes

No

If yes, please describe: _____

Have you had any alcohol or drug use during this pregnancy?

Yes

No

Have you had any labs / ultrasounds so far in this pregnancy?

Yes

No

If yes, did the ultrasound confirm your due date?

Yes

No

Have you already seen a medical professional for this pregnancy?

Yes

No

If yes, who was your physician and why are you changing doctors?

** Requires additional medical information