

Carolina Elite Women's Care, PA

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OBSTETRICAL MEDICAL ASSESSMENT

Patient Name: _____ Chart#: _____

In order for us to provide you with the best care possible, it is important for us to have some information about your history. Please answer all the questions below. All information will be held in strict confidence.

	Information About You	YES	NO	For Office Use Only
1.	Will you be age 35 or older when this baby is born?			
2.	Will the father be age 50 or older when this baby is born?			
3.	Do you refuse blood transfusion in an emergency?			
4.	Have you, the baby's father or anyone in either of your families ever had the following disorders:			
	a. Down's Syndrome or other chromosomal abnormality?			
	b. Neural tube defect, i.e., spina bifida (meningomyelocele or open spine), anencephaly?			
	c. Hemophilia, muscular dystrophy, cystic fibrosis?			
	d. Birth defects?			
	e. Mental retardation?			
5.	Have you ever had a stillborn child?			
6.	Have you or the baby's father had a chromosomal study? If yes, indicate who and the results:			
7.	Have you or the baby's father ever had 3 or more pregnancies that ended in miscarriage before the 4 th month of pregnancy?			
8.	Do you fall in one of the following categories:			
	a. Work in a health care or public safety field?			
	b. Have frequent occupational exposure to blood?			
	c. Have contact with a known Hepatitis B carrier or hemodialysis patient?			
9.	Are you or the baby's father of Eastern European Jewish (Ashkenazi) or French-Canadian ancestry?			
10.	Are you or the baby's father African American? If yes, have either of you been screened for sickle cell disease?			
11.	Are you or the baby's father of Italian, Greek, Mediterranean, Philippino or Southeast Asian ancestry background?			
12.	Are you and the baby's father related in any way (i.e. cousins)?			
13.	Do you drink alcohol? If yes, how much?			
14.	Do you smoke? If yes, how much?			
15.	During this pregnancy, have you:			
	a. Taken any medicine?			
	b. Taken any "street drugs"?			
	c. Had any x-ray examinations?			
	d. Had a fever over 102 degrees for 2 days?			
16.	Have you or the baby's father ever been told you have genital herpes?			
17.	Have you ever been told that you have Group B Strep in the vagina or urinary tract (bladder)?			
18.	Are you currently in an abusive situation?			
19.	Have you ever had a premature baby (more than 3 weeks early)?			
20.	Have you ever had a baby that weighed more than 8lbs., 12oz.?			
21.	Have you ever had a baby that was 2 or more weeks overdue?			
22.	Have you ever had chicken pox?			
23.	Please explain any major concerns you have about this baby or pregnancy which are not mentioned above:			

Patient's Signature:

Date Signed: