

## Upstate MFM New Patient Pregnancy Assessment

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ DATE: \_\_\_\_\_ Primary OB/Office: \_\_\_\_\_

Next OB Appointment: \_\_\_\_\_ Are you a previous Patient? No / Yes If yes, what year? \_\_\_\_\_

What is your current height & weight?	
Including this pregnancy, how many times have you been pregnant?	
How many full term deliveries? (at least 37 weeks at delivery)	
How many preterm deliveries? (less than 37 weeks at delivery)	
-How far along were you when you delivered?	
-How much did the baby weigh?	

What will be your age at delivery?	
If any, how many elective abortions?	
How many miscarriages? (less than 20 weeks)	
How many vaginal deliveries?	
How many C-sections?	

ANY BIRTH DEFECTS IN YOUR FAMILY OR THE BABY'S FATHER'S FAMILY? PLEASE LIST:		YES	NO

DO YOU HAVE ANY MEDICAL PROBLEMS? PLEASE LIST: (Like Diabetes, High Blood Pressure, and Other illness)		YES	NO

ARE YOU TAKING ANY MEDICATION? PLEASE LIST:		YES	NO

HAVE YOU HAD ANY GENETIC TESTING WITH THIS PREGNANCY? <input type="checkbox"/> First Trimester Screen <input type="checkbox"/> AFP <input type="checkbox"/> NIPT <input type="checkbox"/> AMNIOCENTESIS <input type="checkbox"/> Other: Please specify: _____		YES	NO

HAVE YOU HAD ANY LAB WORK DONE RECENTLY? WHERE? _____ WHAT LABS, IF KNOWN? _____		YES	NO

HAVE YOU BEEN IN THE HOSPITAL RECENTLY? WHEN? _____ WHERE? _____ WHY _____		YES	NO

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE <u>LAST</u> WEEK? <div style="display: flex; justify-content: space-between;"> <div>           SWELLING IN: <input type="checkbox"/> HANDS    <input type="checkbox"/> FEET    <input type="checkbox"/> LEGS            CRAMPS/CONTRACTIONS IN YOUR ABDOMEN            BLEEDING/DISCHARGE FROM VAGINA         </div> <div style="text-align: right;">           HEADACHE            NAUSEA/VOMITING         </div> </div>		YES	NO

HAVE YOU FELT YOUR BABY MOVE?		YES	NO

<b>Over the last 2 weeks how often have you been bothered by any of the following problems?</b> (Please circle your response)				
<b>1. Little interest or pleasure in doing things.</b>				
Not at all	Several days	More than half the days	Nearly every day	
<b>2. Feeling down, depressed, irritable, or hopeless.</b>				
Not at all	Several days	More than half the days	Nearly every day	

Signature \_\_\_\_\_ Date \_\_\_\_\_