Additional Pregnancy Questionnaire

Name: _____

Expected Date of Delivery (EDD): _____

Last Ultrasound Date: _____

1. As per last Ultra Sound report, is there any - abnormal findings /more than one fetus seen? If yes, please elaborate & attach the reports:

_____

_____

2. Any History of Caesarian Section?

_____

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3. Any History of Premature Delivery or premature babies?

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_____

4. Has treatment or medication for infertility been taken to achieve this pregnancy?

_____

_____

5. Is there any other conditions as per below list?

a)	Heart Conditions/High Blood Pressure:	☐ Yes ☐ No
b)	Autoimmune Conditions:	☐ Yes ☐ No
c)	Diabetes/Gestational Diabetes:	☐ Yes ☐ No
d)	Thyroid Conditions:	☐ Yes ☐ No
e)	Kidney Disease:	☐ Yes ☐ No
f)	Abnormality in weight gain:	☐ Yes ☐ No
g)	Any placenta problems with this pregnancy:	☐ Yes ☐ No
h)	Any episode of vaginal bleeding with this pregnancy:	☐ Yes ☐ No

6. Please provide any additional information which you feel will be relevant to this pregnancy

_____

_____

_____

I certify that the above information is a record of a careful examination and answers to the above questions are complete and true to the best of my knowledge and belief.

Name of Specialist (OB-GYN): Signature & Stamp

Date: