

Date: _____

John M. Young, MD
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Amarillo, TX 79106

Due Date: _____

Prenatal Questionnaire

Mother's Name: _____

Father's Name: _____

Address : _____

Phone: () _____ Alternative Phone: () _____

Insurance: _____

_____ Ins. Phone: () _____

Obstetrician: _____

Hospital: Northwest Texas BSA Health System

Mother's Obstetrical History:

Total Number of Pregnancies: _____

Number of Living Children : _____

Number of Miscarriages: _____

Number of Abortions: _____

Deceased Children: _____ Cause: _____

Mother's Prenatal History:

Have you ever had a prenatal ultrasound? YES / NO

If yes, any abnormalities? YES / NO

If yes, please explain: _____

Sex known? Female / Male/ Unknown

Please mark any of the following which have occurred in your pregnancy:

Bleeding

Premature Contractions

Positive vaginal culture, including Group B Strep

Sexually Transmitted Disease: _____

High Blood Pressure

Poor fetal movement/activity

Family Medical History:

Are there any family diseases which might be seen in your newborn: YES / NO

If so, please explain: _____

Planned Feeding: Breast feeding Bottle feeding

If breast-feeding: have you breast fed before: YES / NO

If bottle-feeding: Which formula have you chosen: _____

Questions:

1) _____

2) _____

3) _____

4) _____