

Fetal Echocardiogram Questionnaire

New Patient Pediatric Cardiology

PATIENT INFORMATION

Today's Date:		
Name:		DOB:
Best contact Phone Number:		Other phone:
Personal Email:		
We request feedback on all fetal echo visits, please indicate if you would like to opt out: <input type="checkbox"/>		
Married Single (circle one)	Father of Baby's Name:	

REFERRAL INFORMATION

Obstetrician:
Address:
Phone Number:
Referring Physician (if different from OB):
Phone Number:

REASON FOR TODAY'S VISIT: Please explain if you answer "Yes" to any of these questions.

Abnormal ultrasound:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Abnormal fetal heart rate:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Abnormal amniocentesis:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Previous child with congenital heart disease:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
History of maternal/paternal congenital heart disease:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other family history of congenital heart disease:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Maternal diabetes:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Maternal Lupus:	<input type="checkbox"/> No	<input type="checkbox"/> Yes

MEDICAL HISTORY

Gestational age:	(weeks/months)	Date of LMP:
Due Date:		
Where will you deliver?		
List any medications you are currently taking (include vitamins, herbal therapy, and over the counter):		
Do you have any medical conditions that may affect your pregnancy (i.e. blood pressure problems, history of prematurity, etc.)? If yes, please explain.		
Are you having problems with this pregnancy? If yes, please explain.		
Have you had any genetic testing? If so, what kind of test and what were the results?		
Is this your first pregnancy? If no, how many live births have you had?		
Have you had any miscarriages? If yes, how many?		
Have you had any still births? If yes, how many?		
Have you had any general ultrasounds performed this pregnancy? If yes, how many?		
Where were the ultrasounds performed?		
Were there any abnormalities seen on those ultrasounds? If yes, please explain:		
Have you had a previous fetal echocardiogram? If yes, how many?		
Were there any abnormalities seen on the fetal echo? If yes, please explain:		