Maternal Fetal Medicine

Dear Patient and Family,

Welcome to Huntsville Hospital Maternal Fetal Medicine. Maternal Fetal Medicine, also referred to as perinatology, is the study and care of complicated and high risk pregnancies. Our office, which has received accreditation from the American Institute of Ultrasound in Medicine (AIUM), includes two maternal fetal medicine physicians and a team of clinical specialists including a nurse practitioner, registered nurses and registered medical sonographers specializing in high risk pregnancy scans.

There are many reasons a patient may be referred to our office. These may include:
-Routine prenatal diagnosis
-Maternal age of 35 and older
-Previous pregnancy complications
-Multiples
-Possible birth defect
-Family history of a genetic condition
-Chronic or acute medical disease such as diabetes, hypertension, autoimmune disease or clotting disorder
-Current obstetric condition such as short cervix, preterm labor or abnormal placenta
-At the request of your OB/GYN upon admission to the hospital with pregnancy complications

It's important for you to know that, even while you are a patient of this office, your primary obstetrician will continue with your pregnancy care and the delivery of your baby. Your initial appointment at Huntsville Hospital Maternal Fetal Medicine may take two hours. Please plan accordingly. Your physician and staff will perform a detailed review of your past and present medical history. Depending on the reason for your visit, you may also receive an ultrasound and/or other fetal testing. Some of the testing will be determined by the findings of this visit. All results that are available will be discussed with you during your appointment. Your physician will also discuss those results and a plan of care, if indicated, with your primary obstetrician. It is not unusual for you to see one of our physicians for only one visit, however, at any time your doctor may refer you for another appointment, ultrasound or other testing.

We expect that you and your family will have questions. We encourage you to talk with our staff about your concerns so you can be informed and comfortable with the care we provide. It may help to write your questions down and bring them with you to your appointment.

We are looking forward to assisting you and your doctor during this pregnancy. If you have questions regarding your scheduled appointment, please call (256) 265-0880 to talk with one of our staff.

Sincerely,
Huntsville Hospital Maternal Fetal Medicine

910 Adams St., Suite 100 • Huntsville, AL 35801 • Phone (256) 265-0880 • Fax (256) 265-0885

Maternal Fetal Medicine

Welcome to Maternal Fetal Medicine,

Your personal physician has requested a comprehensive evaluation of you and your unborn baby. This evaluation may consist of any one or more of the following: detailed pregnancy ultrasound, maternal-fetal consultation and antenatal fetal testing.

You and your baby deserve our mutual undivided attention, so we respectfully request that your appointment be an ADULT ONLY visit. You should plan to be in our office as long as 2 hours, although your individual appointment needs will dictate the length of your visit.

You are welcome to bring 2 or 3 additional adults to be with you during your appointment. Any children accompanying you will need adult supervision while remaining in the waiting room for the duration of your appointment or in the event any procedures, such as amniocentesis, are necessary. If you are unable to obtain adult supervision for your children, you will be asked to reschedule your appointment. We look forward to seeing you on:

Day _____ **Date** _____ **Time** _____
(Please arrive 20 minutes prior to your scheduled appointment time.)

Videotaping or photography is not allowed. Patients having a sonogram will be given a CD or photographs of their baby's images.

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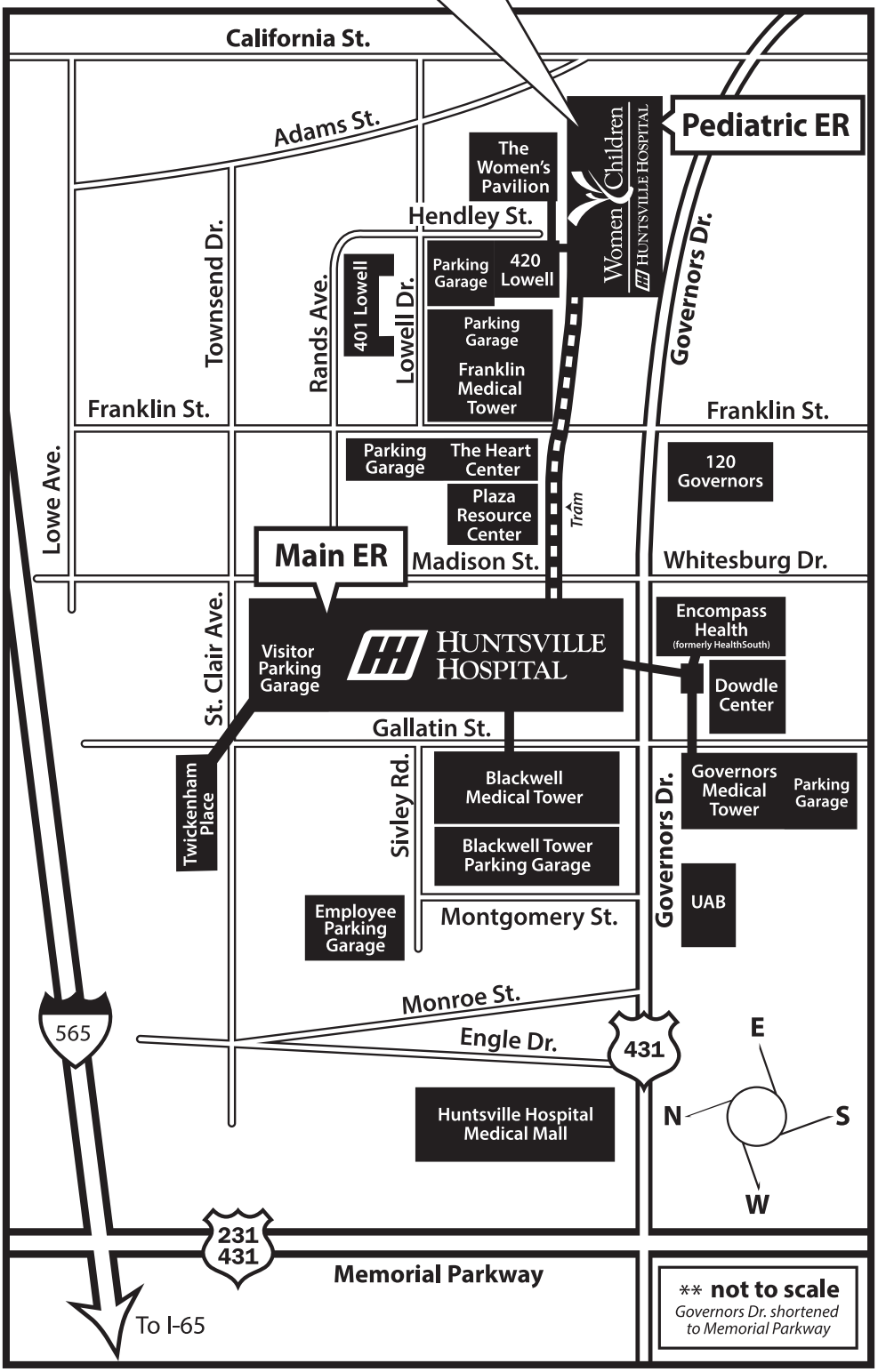
Maternal Fetal Medicine

First Floor



HEALTH HISTORY QUESTIONNAIRE

Name_____ Birthdate _____

Reason For Visit: _____ Primary Care Physician:_____

Pharmacy #1: _____ City: _____ Location: _____

Pharmacy #2: _____ City: _____ Location: _____

Age when you started having periods: _____ Date of Last Menstrual Period: _____

Number of pregnancies_____ Full term deliveries_____ Pre term deliveries _____

Miscarriage/Abortions_____ Living Children _____

Medication allergies and reaction:_____

Please include all over the counter medications and prescription medications.

Medication	Dose/Strength	# of pills/amt	times/day

Medical History

Please check if you have or have ever been diagnosed with any of the following conditions:

__Anemia
__Arthritis
__Asthma
__Blood Clot
__Blood Transfusion
__Chronic Urinary Infection
__Crohn's Disease
__Diabetes (type_____)
__Diverticulitis
__Elevated Cholesterol
__Epilepsy
__Fibromyalgia
__Heart Disease
__Angina
__Congestive heart failure
__Coronary artery disease
__Mitral valve prolapse
__Heartburn/Reflux
__Hepatitis (type_____)
__High Blood Pressure
__Irritable Bowel Syndrome
__Kidney Stones
__Lupus
__Migraines
__Psychiatric Disorder
  __Bipolar Disorder __Depression
  __Obsessive/Compulsive __Schizophrenia
__Stroke
__Thyroid Disorder
  __Hyperthyroid __Hypothyroid
  __Goiter __Graves Disease
__Other _____
_____
_____

GYN PROBLEMS

__Abnormal Pap Smears
__Bartholin Cyst
__Breast Cancer
__Breast Lump
__Cervical Cancer
__Cervical Dysplasia
__Chronic Vaginal Infections
__Chronic Pelvic Pain
__Endometrial Hyperplasia
__Endometriosis
__Fibrocystic Breast
__Habitual Aborter(> 3 Miscarriages)
__Infertility
__Ovarian Cancer
__Ovarian Cyst
__Heavy Bleeding
__Irregular Period
__Lichen Sclerosis
__Pelvic Inflammatory Disease
__Prolapse
__Sexually Transmitted Disease
    __Chlamydia
    __Genital Warts
    __Gonorrhea
    __Herpes
    __Trichomonas
__Urinary Incontinence
__Uterine Cancer
__Uterine Fibroids
__Other_____

SURGICAL HISTORY

Have you ever had any of the following surgeries and if so when.

	Age	Yr
__Arthroscopy (_____)		
__Appendectomy/Appendix		
__Cataracts		
__Cardiac Surgery (_____)		
__Cystoscopy		
__Gallbladder Removed		
__Hip Replacement R or L		
__Knee Replacement R or L		

	Age	Yr
__Sinus Surgery		
__Tonsillectomy		
__Tonsillectomy/Adenoids		
__Tubes in ears		
__Wisdom Tooth Extraction		
_____		
_____		
_____		

GYN SURGICAL HISTORY

	Age	Yr
__Breast Augmentation		
__Breast Biopsy		
__Breast Reduction		
__Cesarean Section		
__Cervical Procedures		
__Cone Biopsy		
__Cryo		
__Laser		
__LEEP		
__Colposcopy		
__D & C		

	Age	Yr
__Endometrial Ablation		
__Hysteroscopy		
__Hysterectomy Abd / Vag		
__Laparoscopy		
__Laparotomy		
__Mastectomy R / L / B		
__Ovaries Removed R / L / B		
__Tubal Ligation		
_____		
_____		
_____		

OBSTETRICAL HISTORY

Please fill out for each pregnancy even if it was a miscarriage or abortion.
If you've had a tubal ligation, hysterectomy or are over the age of 50, only date and type of delivery are necessary.

Preg #	Type of Delivery	Date MM/YY	Baby Name	Gestational Age	Wt	Sex	Hospital	Doctor	Complications
	Miscarriage Vaginal Delivery C-Section Abortion			Term (> 37 weeks) Preterm (< 37 weeks)		M / F			
	Miscarriage Vaginal Delivery C-Section Abortion			Term (> 37 weeks) Preterm (< 37 weeks)		M / F			
	Miscarriage Vaginal Delivery C-Section Abortion			Term (> 37 weeks) Preterm (< 37 weeks)		M / F			
	Miscarriage Vaginal Delivery C-Section Abortion			Term (> 37 weeks) Preterm (< 37 weeks)		M / F			
	Miscarriage Vaginal Delivery C-Section Abortion			Term (> 37 weeks) Preterm (< 37 weeks)		M / F			
	Miscarriage Vaginal Delivery C-Section Abortion			Term (> 37 weeks) Preterm (< 37 weeks)		M / F			
	Miscarriage Vaginal Delivery C-Section Abortion			Term (> 37 weeks) Preterm (< 37 weeks)		M / F			
	Miscarriage Vaginal Delivery C-Section Abortion			Term (> 37 weeks) Preterm (< 37 weeks)		M / F			

FAMILY MEDICAL HISTORY

Please check if anyone in your immediate family has been diagnosed or treated for the following:

Adopted ☐

	Mother	Father	Sister	Brother	Daughter	Son	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Breast Cancer										
Colon Cancer										
Ovarian Cancer										
Diabetes										
Hypertension										
Stroke										
Heart Disease										
Thyroid Disorder										
Osteoporosis										
Epilepsy										
Kidney Problems										
Lung Disease										

SOCIAL HISTORY

Marital Status: ☐ Married ☐ Divorced ☐ Legally Separated ☐ Single ☐ Widowed
☐ Engaged ☐ Domestic Partner

Occupation: _____ ☐ Unemployed ☐ Disabled

Place of Employment: _____

Race: ☐ African-American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Other: _____

Diet: ☐ Diabetic ☐ Healthy ☐ High Fat ☐ Low Fat ☐ Low Sodium ☐ Junk Food

Exercise: ☐ 2-3x/week ☐ 3-4x/week ☐ Daily ☐ Never ☐ Occasional Rarely

Tobacco Use: ☐ No ☐ Yes ☐ Former
Type: _____ Amt/day: _____ #Years: _____ Year Quit: _____

Alcohol Use: ☐ No ☐ Yes ☐ Former
Frequency: _____ Year Quit: _____

Illicit Drug Use: ☐ No ☐ Yes ☐ Former
Type: _____ #Years: _____ Year Quit: _____

Have you ever had chicken pox? ☐ Yes ☐ No ☐ I had the vaccine Unknown

Do you have cats? ☐ No ☐ Indoor Only ☐ Indoor/Outdoor ☐ Outdoor

Father of Baby: _____

Father of Baby's Race: ☐ African-American ☐ Asian ☐ Caucasian ☐ Hispanic
☐ Other:

HEALTH MAINTENANCE

Date of Last Pap Smear: _____ **Result:** _____

Chicken Pox Status: ☐ I have had chicken pox ☐ I have had the chicken pox vaccine
☐ I have had the vaccine and chicken pox ☐ I have had neither the vaccine nor chicken pox

Hepatitis B: ☐ I have received the entire Hepatitis B vaccination series
☐ I have part of the Hepatitis B vaccination series
☐ I have not received the Hepatitis B vaccination series

Flu Vaccine: ☐ I have received the Flu vaccine this year.

Pneumonia Vaccine: ☐ I have received a vaccine for Pneumonia.

Year of Last Tetanus Vaccine: _____

GENETIC HISTORY

Please check if anyone in your immediate family or the baby's father's family has been diagnosed or treated for the following:

Abbreviations: MOB (Mother of the Baby)
FOB (Father of the Baby)

	Previous Child	MOB	MOB, Mother	MOB, Father	MOB, Sister	MOB, Brother	FOB	FOB, Mother	FOB, Father	FOB, Sister	FOB, Brother
Thalassemia											
Neural Tube Defect											
Congenital Heart Defect											
Down Syndrome											
Tay-Sachs											
Canavan Disease											
Sickle Cell											
Hemophilia											
Muscular Dystrophy											
Cystic Fibrosis											
Mental Retardation											
Autism											
PKU											
Recurrent Miscarrriage											
Stillborn Infant											