

## Maternal History for Fetal Echocardiogram (Confidential)

### **Contact Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Obstetrician (with phone#): \_\_\_\_\_

Referring High-Risk Obstetrician: \_\_\_\_\_

Delivery Hospital: \_\_\_\_\_

Future Pediatrician: \_\_\_\_\_

### **Personal Medical History**

What was the reason for this fetal cardiology referral? \_\_\_\_\_

Have you had an amniocentesis or chorionic villus sampling? \_\_\_\_\_

If yes, what were the results? \_\_\_\_\_

Due Date: \_\_\_\_\_

Number of Living Children: \_\_\_\_\_

Number of Pregnancy (including this one): \_\_\_\_\_

Cause of any lost pregnancies, if known: \_\_\_\_\_

Hypertension with this pregnancy? \_\_\_\_\_

Elevated blood sugar with this pregnancy? \_\_\_\_\_

Medical Conditions requiring treatment or close observation? \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Medication Allergies? \_\_\_\_\_

### **Family History**

Is there anyone in your family or the father's family who was born with a heart defect?

If yes, please give any known details. \_\_\_\_\_

Is there anyone in your family or the father's family that required a pacemaker or died suddenly prior to age 40 years? \_\_\_\_\_

Any other relevant history? \_\_\_\_\_