Maternal History for Fetal Echocardiogram (Confidential)

Primary Obstetrician (with phone#):	Contact Information
Street: City: Zip Code: County: Phone Numbers: Home: 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?	Last Name:First Name:
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Any other relevant history?	Any other relevant history?