

# ♥CHILD CARDIOLOGY ASSOCIATES♥

## CONFIDENTIAL FETAL HEALTH QUESTIONNAIRE

Patient's Name (Mother): \_\_\_\_\_ Patient's Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Referring Physician/Obstetrician: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Why have you been referred for a fetal echocardiogram? \_\_\_\_\_

1. How many weeks pregnant are you? \_\_\_\_\_
2. When is your due date? \_\_\_\_\_
3. What is the date of your last menstrual period (LMP)? \_\_\_\_\_
4. How many times have you been pregnant (including this pregnancy)? \_\_\_\_\_
5. Have you had any miscarriages? Yes  No  If yes, how many and why? \_\_\_\_\_

6. Do you or any blood relatives to your baby have any of the following medical problems?
  - a. Heart Attack? Yes  No  If yes, which relative? \_\_\_\_\_
  - b. Heart Murmur? Yes  No  If yes, which relative? \_\_\_\_\_
  - c. High Blood Pressure? Yes  No  If yes, which relative? \_\_\_\_\_
  - d. Mitral Valve Prolapse? Yes  No  If yes, which relative? \_\_\_\_\_
  - e. Congenital (born with) Heart Disease?  
Yes  No  If yes, which relative? \_\_\_\_\_
  - f. Stroke? Yes  No  If yes, which relative? \_\_\_\_\_
  - g. Rheumatic Fever? Yes  No  If yes, which relative? \_\_\_\_\_
  - h. Diabetes (sugar)? Yes  No  If yes, which relative? \_\_\_\_\_
  - i. Seizures? Yes  No  If yes, which relative? \_\_\_\_\_
  - j. Lung Problems? Yes  No  If yes, which relative? \_\_\_\_\_
  - k. Immune Disorders (e.g. Lupus)?  
Yes  No  If yes, which relative? \_\_\_\_\_
  - k. Other? \_\_\_\_\_  
Yes  No  If yes, which relative? \_\_\_\_\_

Over Please →

7. Do you have any other children? Yes  No  If yes, please fill in chart.

Male or Female	Age	Health

8. Are you taking any medications (now or at any time during your pregnancy)?

Yes  No

If yes, please list:

\_\_\_\_\_

9. Where will you deliver this child?

\_\_\_\_\_

10. What are the ages of the baby's parents? Mother \_\_\_\_\_ Father \_\_\_\_\_

11. What are the parent's occupations/jobs:

Mother \_\_\_\_\_

Father \_\_\_\_\_

Thank you for your help.

♥ ♥ Remember, at Child Cardiology Associates, our care is ALL HEART! ♥ ♥