HUDSON VALLEY RADIOLOGY ASSOCIATES

Patient Name _____ MR # _____ Date: _____

Is this pregnancy the result of unassisted reproduction (V23.0)? ❑ Yes ❑ No If yes, what type_____

Have you had a previous ultrasound of this pregnancy? ❑ Yes ❑ No If yes, when _____where?_____

Are you currently smoking during prenancy ❑ Yes ❑ No (V655.43)

Clinical History

AMINO ONLY
Blood Type _____
RH Factor _____

1. Number of times pregnant (G) _____
   Number of live children (P) _____ (if ≥ 6, grand multiparity V23.3, 659.43)
   Number of miscarriages (M) _____ (634.90, V23.2)
   Number of abortions (A) _____ (634.90, V23.2)

2. What trimester(s) were your miscarriages? _____

3. In any prior pregnancy, did you have an "AFP" blood test that indicated increased risk for Down's Syndrome and you had either a normal amniocentesis or gave birth to a normal baby? ❑ Yes ❑ No

4. During current pregnancy between 15-20 weeks, did you have blood drawn for maternal serum triple screen (AFP)? ❑ Yes ❑ No (declined biochemical screen V28.3 - screening for malformation with ultrasound)
   If triple screen performed, were the results _____Normal _____Abnormal _____Pending
   If abnormal, (655.13; possible fetal chromosomal abnormality) increased risk for Down's Syndrome ❑ Yes ❑ No
   Numeric or age related risk for Down's Syndrome _____.
   Were any of the other components of triple screen abnormal (Estradiol, HCG)? ❑ Yes ❑ No

5. Any pre-existing maternal illness? (655.43)
   ❑ Yes ❑ No If yes, explain _____

6. Prior pregnancy history of:

❑ Yes	❑ No	Hypertension (642.93)	
❑ Yes	❑ No	Diabetes (648.03)	
❑ Yes	❑ No	Small for gestational age fetus, weight _____	}
❑ Yes	❑ No	Large babies > 9 lbs?	} V23.9
❑ Yes	❑ No	Abruption	}
❑ Yes	❑ No	Were you treated with ❑ aspirin therapy or ❑ steroids?	

7. Were there third trimester problems in a prior pregnancy? If so, be specific _____
   _____

8. Prior history of pre-term labor (V23.41) ❑ Yes ❑ No
   Prior history of premature rupture of membranes (V23.49) ❑ Yes ❑ No
   If pre-term delivery (V23.41) at what gestational age _____weeks.
   Did you require treatment with:

❑ Yes	❑ No	Tocolysis (anti-contraction medication)?
❑ Yes	❑ No	Breathine?

9. Prior history of:

❑ Yes	❑ No	C-Section (654.23) If yes, how many _____
❑ Yes	❑ No	Myomectomy (654.10)
❑ Yes	❑ No	Cervical cerclage (stitch) (654.53)
❑ Yes	❑ No	Cervical cone or leep biopsy (654.63)
❑ Yes	❑ No	Multiple D&C's (646.33)

10. Any prior pregnancies or family history affected by fetal structural malformations or babies born with problems (655.23; possible familial hereditary disease) ❑ Yes ❑ No Chromosome abnormality? ❑ Yes ❑ No (❑ Yourself ❑ Family member)
    What type? _____ Outcome?_____

11. Are you a scheduled repeat C-Section (654.23)? ❑ Yes ❑ No If yes, when _____

12. Are you currently (or during 1st trimester) taking any medications (655.53) (ex. Anti-Seizure, Anti-Depressants) or alcohol abuse or exposure to infections (647.93) radiation (655.63)?_____