

New Mexico Sonographics
OB PATIENT HISTORY QUESTIONNAIRE

BMI:

**Do you give permission for an Ultrasound Intern to participate and be present during your exam today?
(Yes /No) _____**

NAME: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Pre Pregnancy Weight _____ Current Height: _____

DO YOU HAVE A LATEX ALLERGY? NO YES

Number of pregnancies including this one: _____ Number of live births: _____

Have you ever had a C-Section? NO YES How many: _____

Have you ever had a Pre-term Delivery? (Before 37 weeks) NO YES How many: _____

Have you had previous /current pregnancy problems? NO YES

If Yes, what type: _____

Have you or Father of the Baby (Partner) been out of the country within the last year? If yes, WHERE/WHEN & WHO (You or FOB): _____

Do you have a history of birth defects or any conditions that runs in the family (yourself, father of baby, family, etc)?

NO YES

If yes, what type and who was affected: _____

List of medications you are taking at this time: _____

Do you have a history of high blood pressure during pregnancy? NO YES

Do you have a history of diabetes during this pregnancy or prior to this pregnancy? NO YES

IF YES, are you taking medication to control your diabetes? What type: _____

Smoking during this pregnancy? NO YES How much: _____

Alcohol or drug use during this pregnancy? NO YES Describe: _____

Have you had a previous ultrasound for this pregnancy? NO YES

When: _____

Where: _____

Why: _____

Please note that your Sonographer will not be giving you results of your ultrasound today. The ultrasound exam will be interpreted by a Board Certified Perinatologist and those results will be faxed to your ordering medical provider. Your medical provider is responsible for sharing those results with you.