

CLIENT QUESTIONNAIRE - PROFEMA - centre of fetal medicine s.r.o.

CLIENT IDENTIFIATIONS DATAS

Name a Surmane			
Identifikation number		insurance company:	
Address			
Phone contact			
Email (important)			
Doctor referral			

INFORMATION ABOUT CURRENT PREGNANCY

Body weight before pregnancy		Body weight - actual	
Body height			
Date of last menstruation period (LMPD)			Information of LMPD is SURE UNCERTAIN
Menstruation period is	REGULAR IREGULAR		
Spontaneous conception	YES NO	IVF (in vitro fertilization) YES NO	
Hormonal stimulation	YES NO		
Complications in pregnancy	YES NO	specify:	
Medicament with acid folicum	YES NO	since:	
Medicament with vitamins	YES NO	name of medicament:	dose:
Maternal smoking	YES NO	number of cigaret/day	
Alkohol in pragnancy	YES NO	what:	amount dcl/day:

CHRONICAL DISEASE

High blood preassure before pregnancy	YES NO	drug:	since:
high blood preassure in pregnancy	YES NO	drug:	since:
Diabetes mellitus	YES NO	drug:	since:
Diabetes mellitus in pregnancy	YES NO	drug:	since:
Hyperthyreosis	YES NO	drug:	since:
Hypothyreosis	YES NO	drug:	since:
Epilepsy	YES NO	drug:	since:
Liver disease	YES NO	drug:	since:
Kidney disease	YES NO	drug:	since:
Other diseases and medication			

OBSTETRIC HISTORY

Childbirth	date	week/way of delivery	sex M/F	Neonathal weight
1				
2				
3				
4				
5				
Stillbirth	number:	gestation weeks:		
Termination pregnancy	number:	gestation weeks:		
Miscarriage to 24.weeks :	number:	gestation weeks:		
Extrauterine pregnancy :	number:			
High blood pressure in previous pregnanc	YES NO	hospitalization for high blood pressure YES NO		
Preterm delivery at clients mother:	YES NO	reason:		

FAMILY HISTORY

Congenital defects (type/who) :			
Congenital defects in previous pregnancy :			
Notes / important infromation			