Mercy Maternal and Fetal Care Center
615 S. New Ballas Rd. | St. Louis, MO 63141
Fax: 314-251-4995

Patient Demographics Questionnaire

Name: ______________________________ **Date:** ______________________________

DOB:___ / ___ / ___ Age:______ Height: _______ Weight:_______

Referring/Delivering Physician: ______________________ **Maternal Fetal Specialist:** ______________________

Reason for your visit: ____

PREGNANCY EPISODES

______ Number of pregnancies (*including this pregnancy*)
______ Number of term pregnancies
______ Number of preterm births (*less than 37 weeks*)
______ Number of miscarriages
______ Number of abortions
______ Number of ectopic pregnancies
______ Number of multiple births (*twins, triplets, etc.*)
______ Number of living children

PREGNANCY DATING

Last Menstrual Period Date: ____ /____ / _____ ☐ Unsure
Normal Cycles: ☐ Yes ☐ No
Conception Date (if known):______________________
Due Date assigned by your doctor: ______________________
Ultrasound(s) this pregnancy: ☐ Yes ☐ No How many? _____
Was your due date determined by ultrasound? ☐ Yes ☐ No

ALLERGIES

Latex Allergy: ☐ Yes ☐ No If Yes, please describe your reaction to Latex:______________________
Medication Allergies: ☐ Yes ☐ No

Name of Medication Reaction: (*itching, rash, trouble breathing, hives, etc.*)

____
____
____

Food Allergies: ☐ Yes ☐ No

HISTORY		
☐ No significant history	☐ Cervical and Uterine	☐ Infertility treatments:
☐ Hyperemesis (*extreme vomiting during pregnancy*)	☐ Abnormal pap	☐ Sexually transmitted disease
☐ High Blood Pressure	☐ Cerclage	☐ Chlamydia
☐ During pregnancy	☐ Uterine fibroids	☐ Gonorrhea
☐ When not pregnant	☐ Mental Health Concerns	☐ Herpes
☐ Liver Disease	☐ Anxiety	☐ Genital Warts
☐ Asthma	☐ Depression	☐ Syphilis
☐ Autoimmune Disorder	☐ Seizures/Epilepsy	☐ HIV/AIDS
☐ Arthritis	☐ Sickle Cell Disease	☐ Hepatitis
☐ Lupus	☐ Kidney Disease	
☐ Other:	☐ Thyroid Problems	
☐ Diabetes	☐ Blood Clots/Deep Vein Thrombosis	
☐ Diabetes – Gestational	☐ Clotting Disorders	
☐ Heart Disease or Heart Problems:	☐ MTHFR	
	☐ Factor V Leiden	
	☐ Antiphospholipid antibody syndrome	
☐ Other (*Please describe*):		

SURGICAL HISTORY		
☐ No Previous Surgery	☐ Treatment for Abnormal Pap: ☐ Laser ☐ Freezing ☐ LEEP ☐ Conization	
☐ Amniocentesis	☐ Cervical Cerclage	☐ Blood Transfusion
☐ Appendectomy	☐ Surgery on the Uterus	☐ Breast Implants or other Breast Surgery
☐ D&C	☐ Gall Bladder removal	☐ Tubal Ligation/Sterilization
☐ Lumpectomy for Cancer	☐ Others:	

PATIENT IDENTIFICATION

SUBSTANCE USE		
	Yes–describe:	No
Tobacco Use		
Alcohol Use		
Drug Use		

PREGNANCY HISTORY (*please include all pregnancies including miscarriages and abortions*)

Date	Gestation Age	Vaginal	C-Section	Weight	Stillborn	Miscarriage	Abortion

CURRENT MEDICATIONS (*Please include all prescription and over-the-counter medications, vitamins, herbals, and supplements that you are* **currently** *taking*)

Name of Medication	Dosage	Name of Medication	Dosage

SCREENINGS:

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Significant Other

Planned hospital for preterm birth or pregnancy complications:

Planned hospital for term birth:

PAIN		NUTRITION SCREEN	
Pain rating:	Location of pain:	☐ No issues or concerns	☐ Other

ABUSE/NEGLECT/DOMESTIC VIOLENCE

Yes	No	Are you a victim of verbal, physical, emotional, or sexual abuse?

FUNCTIONAL STATUS

Yes	No	Do you need help or equipment to assist you with daily activities?

RISK

Yes	No	Are you having thoughts of hurting yourself or others?

FALLS

Yes	No	Have you fallen in the last 3 months?
Yes	No	Are you experiencing dizziness?
Yes	No	Are you experiencing weakness?
Yes	No	Are you experiencing difficulty walking?

FAMILY HISTORY

	Yes–describe:	Relationship	No
Chromosomal problems			
Mental retardation			
Birth defects			
Genetic disorders			

Have you had any screening for Down Syndrome and/or spina bifida in this pregnancy? ☐ No ☐ Yes, *please circle*

1st trimester screening   nuchal translucency   Materni T21   Sequential Screen   Quad Screen   Penta Screen

Signature of RN verifying information and entering into Epic: ______________________________