

Obstetrical Patient Questionnaire

Today's Date: _____ Name: _____

Age: _____ Date of Birth (DOB) _____ Preferred Contact Number: _____

Email address: _____

Marital status: _____ Your Occupation: _____

Partner's Name: _____ their DOB: _____ Occupation: _____

Your Ethnicity: _____ Father (of baby) Ethnicity: _____

Language Spoken at home: _____

Emergency Contact – Name: _____ Phone #: _____

*First day of Last Normal Menstrual Period: _____ Are you sure of the date? Yes / No

My period comes every _____ days. Is your period regular and predictable? Yes / No

Was this a planned pregnancy? _____

PREVIOUS PREGNANCIES: – Please include ALL pregnancies: (including, miscarriages & abortions)

Date (dd/mm/yyyy)	Hospital or City/ Country	Delivery Type (vaginal, C/S, forceps, vacuum)	Complications (anemia, high BP, diabetes, labor issues, induced?)	Length of Labour (hours)	Gestational Age	Boy Or Girl?	Birth Wt.

Assisted Conception: Did you have medical help to get pregnant? Yes / No

What method was used? _____

PERSONAL MEDICAL INFORMATION

Have **YOU ever had** or do **YOU currently have** any of the following conditions. Check **All** that apply.

	YES		YES
Any major injuries		Abnormal Pap test? Treatment?	
Are you Related to father of this baby (blood relation)		MENTAL Health (Depression, anxiety, etc)	
Auto-immune disorders		Anesthetic problems?	
Diabetes (Including previous pregnancies)		Asthma	
Easy bleeding or history of blood clots		Tuberculosis	
Epilepsy / Seizure Disorder		Birth Defects (i.e. hip dysplasia, cleft lip)	
Hepatitis A, B, or C / liver disease		Blood transfusion? When?	
High Blood Pressure (including previous pregnancies)		Development (i.e. ADD, ADHD, FAS)	
HIV / AIDS		Hereditary conditions	
Kidney /Bladder Problem (i.e. infections/stones)		Hypothyroid / Hyperthyroid (Thyroid)	
STI (herpes, chlamydia, syphilis, gonorrhea)		Migraines / Severe headaches	
Stomach Disorders (i.e. IBS, Crohns, celiac)		Other issues (not previously listed)	

Date of last pap smear _____ Pre-pregnancy weight _____ Height _____

List all hospital admissions and surgeries, including those as a child:

Current MEDICATIONS & dose: (Vitamins, Prescriptions, Over-the-Counter medications, Herbal treatments):

Were you taking folic acid at the time of conception? _____

Name of Pharmacy: _____

ALLERGIES/ INTOLERANCES: list medications and other substances and type of reaction:

FAMILY MEDICAL HISTORY:

Who in **YOUR FAMILY** or **THE FATHER'S FAMILY** have any of the following medical problems?

Diabetes: _____

High Blood Pressure _____ Heart disease: _____

Twins: _____

Psychiatric – (i.e. Depression, Anxiety, Bipolar) _____

Auto immune disorders: (i.e. Thyroid, rheumatoid arthritis, MS) _____

Babies in the family born with birth abnormalities _____

Hereditary Disorders _____

Disorders of the Blood / Clotting or bleeding problems: _____

Complications in pregnancy: _____

Other (i.e. hemophilia, chromosome disorders, thalassemia) _____

LIFESTYLE, SOCIAL, AND CULTURAL ISSUES:

1. Have you smoked tobacco in the past year? Yes / No **If yes:** # of cigarettes per day _____ When was your last cigarette? _____

2. Have you consumed alcohol during this pregnancy? Yes / No. When was your last drink? _____
Frequency of use: Daily / 2 – 3 times per week / once a week / Occasional. Average # of drinks? _____

3. Have you ever or are you currently taking recreational drugs? Yes / No Last used (date) _____

List: ALL recreational drugs / solvent(s) used: (current & in past) _____ / History of Addiction?: _____ Caffeine Intake? _____

4. Social/Cultural concerns: (i.e. financial; Support System; Religious Beliefs; Relationship Stability; Domestic Violence, Other): _____

5. Environmental / Occupational concerns: (i.e. Second hand smoke, pets, toxins, other), _____

6. *Have you travelled outside of Canada in the past year? _____ When? _____ Where? _____

7. *Do you plan to travel outside of Canada during this pregnancy? _____

Oak Bay Medical Centre

Office Policies and General Information for our Prenatal Patients

Our hours are: Monday – Thursday – 8:00am – 4:00 pm Friday – 9 am – 3:00 pm

We are closed evenings, weekends and statutory holidays.

Patients must arrive on time for their scheduled appointment time. Patients arriving late will be rebooked and charged \$50.00 - \$150.00 depending on the type of appointment.

We require 24 hours' notice to change or cancel your appointment. Failure to provide 24 hours' notice or not to show up for an appointment will result in a \$50.00 - \$150.00 charge to you.

Our physicians are dedicated to providing quality care in an efficient office which works well for ALL of our patients. Medicine is unpredictable. Occasionally someone needs extra time. Please be patient. One of these days it may be YOU who needs extra time!

We see patients by appointment only, no walk-ins. If you feel you need to see your doctor on an urgent basis, please call first.

Each referred prenatal patient is assigned to a primary doctor at this clinic. This is usually the doctor who you will meet at your first appointment. Your primary doctor will try to see you for all your prenatal visits. If he/she is unavailable one of the other doctors would be pleased to assist you.

In the interest of continuity of care, things work best if you see your primary doctor whenever possible. Your doctor will tell you after each visit when you need to come again. It helps if you book your next appointment prior to leaving the office.

Unless instructed otherwise by your doctor, you and your baby will be seen for the 1st baby visit when your baby is 4 - 7 days old.

You are a patient at our clinic until 6 - 8 weeks after the baby is born. At that time your chart and your baby's chart will be sent back to your family doctor/referring doctor. If you do not have a family doctor, ask at the reception desk for a list of the doctors in Calgary and surrounding area who are accepting new patients. The doctors at the Oak Bay Medical are NOT accepting new family practice patients.

We have accepted you for prenatal care only. If you have another type of health issues such as respiratory infection, sore shoulder, renewals of medications ordered by your family doctor for example please contact your family doctor/referring doctor. If you are unsure if your issue is pregnancy-related or not, please contact us.

Our Physicians do not take telephone calls or give medical advice over the phone. If you have a question or wish to speak to a registered nurse, you can call the Health Link @ 811 365 days/ 24 hours a day. Otherwise you must call to book an appointment with your doctor.

Test results will not be given over the telephone. We contact patients regarding abnormal results only. Otherwise all tests results will be discussed at your next prenatal visit.

Some medical services are not covered by Alberta Health and Wellness. Please see the “uninsured services fee guide” section posted in each binder in the exam rooms. Costs will be discussed with your physician and payment must be received prior to the service/note being completed.

I have read the office policies and I am aware of them.

Printed Name

Signature

Date