

David W.I. Fong, M.D.
Obstetrics-Gynecology-Infertility
 2840 Legacy Dr. Ste #300
 Frisco, TX 75034
 972-890-9250 Fax 214-872-4937

PRENATAL QUESTIONNAIRE PLEASE COMPLETE AND DO NOT LEAVE BLANKS

NAME: _____ DOB: _____
 ADDRESS: _____ CITY: _____ ZIP CODE: _____
 HM. PHONE #: _____ WK. PHONE #: _____
 FATHER OF BABY: _____ PHONE #: _____
 FIRST DAY OF YOUR LAST PERIOD: _____
 WAS THIS NORMAL? ___ YES ___ NO
 IF NO EXPLAIN: _____
 IS THIS YOUR FIRST PREGNANCY? ___ YES ___ NO

MISCARRIAGES (MO. / YEAR/ WEEKS GESTATION)

| | |
|----|----|
| 1. | 3. |
| 2. | 4. |

ABORTIONS (MO. / YEAR/ WEEKS GESTATION)

| | |
|----|----|
| 1. | 3. |
| 2. | 4. |

ECTOPICS (MO. / YEAR)

| |
|----|
| 1. |
| 2. |

PRIOR PRAGNANCIES:

MO. / YEAR M/F WEIGHT DELIVERY ANESTHETIC LENGTH OF LABOR

| |
|---|
| 1. _____ : _____ : ___ lb. ___ oz : vag/ c-section : _____ : _____ comments: |
| 2. _____ : _____ : ___ lb. ___ oz : vag/ c-section : _____ : _____ comments |
| 3. _____ : _____ : ___ lb. ___ oz : vag/ c-section : _____ : _____ comments |
| 4. _____ : _____ : ___ lb. ___ oz : vag/ c-section : _____ : _____ comments |
| 5. _____ : _____ : ___ lb. ___ oz : vag/ c-section : _____ : _____ comments |
| 6. _____ : _____ : ___ lb. ___ oz : vag/ c-section : _____ : _____ comments |
| 7. _____ : _____ : ___ lb. ___ oz : vag/ c-section : _____ : _____ comments |
| 8. _____ : _____ : ___ lb. ___ oz : vag/ c-section : _____ : _____ comments |
| 9. _____ : _____ : ___ lb. ___ oz : vag/ c-section : _____ : _____ comments |
| 10. _____ : _____ : ___ lb. ___ oz : vag/ c-section : _____ : _____ comments |

ARE YOU CURRENTLY TAKING PRENATAL VITAMINS? _____ YES _____ NO

IF YES WHICH TYPE? _____

HEIGHT: _____ PRE PREGNANCY WEIGHT: _____

ARE YOU ALLERGIC TO ANY MEDICATIONS? _____