DIABLO VALLEY
PERINATAL ASSOCIATES

	Yes	No
Have you been pregnant before? ……..	☐	☐
Is this an IVF pregnancy? .....egg donor age _____.....	☐	☐
Have you ever had a cesarean delivery?	☐	☐
Will you be 35 yrs or older on your due date?	☐	☐
Were you, the father of your baby, any of your children or any other immediate family member born with a birth defect or have a genetic disorder?……..	☐	☐
Have you had more than one miscarriage? ……	☐	☐
Have you ever lost a pregnancy beyond 10 weeks? ……	☐	☐
Have you ever had a preterm birth (Before 37 weeks)? ……	☐	☐
Have you had any vaginal spotting/bleeding in this pregnancy? ……	☐	☐
Have you ever had a cervical cone, LEEP, LEETZ or cryoablation of your cervix? ……..	☐	☐
Have you used any alcohol, tobacco, or recreational drugs during this pregnancy?.....……	☐	☐
Have you had any symptoms consistent with a cold or viral syndrome during this pregnancy? …	☐	☐
Have you had COVID during this pregnancy?.....If so, what date? _____.....	☐	☐
Have you been vaccinated for COVID? ……	☐	☐
Have you experienced severe nausea and vomiting during this pregnancy? ……...	☐	☐
Have you been diagnosed with cholestasis in pregnancy?.....	☐	☐
Have you ever taken medication for depression, anxiety or another mood disorder? ……..	☐	☐
Are you taking iron or prenatal vitamins with iron for anemia? ……..	☐	☐
Do you have a bleeding disorder? ……	☐	☐
Have you ever had a blood clot (pulmonary embolus, DVT)? ……..	☐	☐
Have you been seen by a physician for anything other than pregnancy in the past 2 years? …….	☐	☐
Do you take any prescription medication? ……	☐	☐
Do you have: high blood pressure? ……	☐	☐
asthma? ……..	☐	☐
diabetes/gestational diabetes? ……	☐	☐
thyroid dysfunction? ……..	☐	☐
a seizure disorder? ……	☐	☐
heart/liver/kidney problems? Please specify: _____	☐	☐
gastrointestinal problems /bariatric surgery……..	☐	☐
autoimmune disease? ……..	☐	☐
brain problem/surgery/stroke? ……	☐	☐

What is your height?_____ What is your weight?_____

What is your ethnicity? _____

If desired, please specify your preferred pronouns: _____

Signature_____ Date_____