



## Southern Colorado Maternal Fetal Medicine

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# Family and Exposure History Questionnaire

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

***Please bring this form with you to your appointment. If you have been to our office during a previous pregnancy, please update family history with new information and exposure history with current information.***

### Family History

Yes	No		Comments
		Are you 34 years or older?	
		Is the father of your baby 55 years or older?	
		Are you and the father of your baby blood relatives?	
		Have you had a stillbirth or more than one miscarriage?	
		Do you have diabetes? Are you insulin dependent?	
		Do you have seizures or epilepsy?	
		Do you have any other medical conditions for which you receive treatment?	
		What countries are your ancestors from originally? (Be specific, e.g., England, Africa, Vietnam)	
		Are either of you Jewish or French Canadian?	
		<b>Do you or the father of your baby...</b>	
		Have any birth defects, handicapping condition or disorder that might be hereditary?	
		Have any previous children with birth defects, handicaps or genetic conditions?	
		Have any children who died (other than accidental)?	
		Have any family members who have had multiple miscarriages or a stillbirth?	

### Environmental Exposure History

Yes	No	Have You...
		Taken any prescription drugs or over-the-counter medications since becoming pregnant? Please list each one:
		Had an illness or infection during pregnancy?
		Had a fever over 101 degrees or taken sauna / whirlpool baths during pregnancy?
		Had x-rays or surgery since becoming pregnant?
		Had alcohol during your pregnancy? How much?
		Smoked cigarettes during your pregnancy? How many?
		Used any drugs during your pregnancy?

