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Patient Name: _____ Date of birth: _____

Height: _____ Weight: _____ Age: _____

Current Pregnancy Information

Have you had a previous ultrasound of this pregnancy? yes no

If so, when? _____ Where? _____

Last menstrual period: _____ Estimated due date: _____

How did you conceive this pregnancy: Natural IVF IUI

If IVF or IUI please indicate the following:

Sperm donor Egg donor Fresh cycle Frozen cycle PGS/PGD

Age of sperm _____ Age of egg _____

Is there a history of infertility for you or the father of this pregnancy? yes no

Was the father of this pregnancy 40 or older at the time of conception? yes no

Are you going to be 35 or older (32 for twins) at the time of delivery? yes no

Was this pregnancy ever documented as a twin pregnancy? yes no

Have there been any adverse exposures during this pregnancy? yes no

cigarette smoking use of alcohol drug use medications Other _____

Please list any current medications: _____

Pregnancy History Information

Number of times pregnant: (G) _____
(include current pregnancy)

Prior history of preterm labor?

Number of children: (P) _____

If so, at what gestation age? _____ weeks

Number of abortions: (A) _____

Did you require treatment? yes no

Number of ectopic: (E) _____

Previous premature rupture of membranes

Number of miscarriages: (M) _____

What trimester(s) were your miscarriage(s)? _____

Prior history of (check all that apply):

Hypertension (preeclampsia)

Diabetes (gestational or pre-gestational)

Large babies, >9lbs

If gestational: controlled by: diet insulin/meds

C-section - If so, how many? _____

Fetus small for gestational age, weight _____

Cervical cerclage/incompetent cervix

Myomectomy

Cervical cone or leep biopsy

Previous D&C - How many? _____

Prior pregnancy treated with: Aspirin Steroids Progesterone Lovenox Other: _____

History of other pre-existing maternal illness? Any other pregnancy-related issues? If so, explain:

