Eastern Carolina
WOMEN'S CENTER

Dear Expectant Parents,

Congratulations! And Welcome to Eastern Carolina Women's Center or Welcome Back!

If this is your first visit or you have met us before, we're so glad that you have chosen us to care for you during your pregnancy and delivery. We will do everything we can to make your pregnancy as happy, comfortable, convenient, and safe for you and your growing family as possible!

Your first visit will be with our OB-Nurse and the Lab. At that time you will discuss with her your OB history, family history, and health history. Please be prepared to discuss these topics, along with any problems, concerns or any questions you may have with her. If you are bleeding, or experiencing any other problems, please let her know so that we can address them immediately. You may be asked to stay for an early sugar test to check for Gestational Diabetes. All of the usual lab work (Blood type, rubella immunity & hepatitis B immunity, HIV and syphilis testing, anemia testing and urine sampling) will be performed, along with any other tests that help us personalize your care.

To further tailor your care to your needs, we ask that you fill out the attached history form. Fill it out and return it to us several days preferably before your first visit. You can return the form by email to: Newobs@womensctr.com. By Postal mail to: Eastern Carolina Women's Center, Attn: New OB Nurse, 801 McCarthy Blvd., New Bern, NC 28562 or by dropping it off at the New Bern or Havelock Office. You may also bring it with you for your 1st visit. Please include any records from other obstetricians, if you have transferred in, and your immunization record.

Your first visit will be scheduled approximately 1 week after your pregnancy has been confirmed. It will be with our OB nurse and the lab. After this visit, your next appointment will be scheduled with a physician or our Midwife for your "physical exam". At this time your physician may schedule your ultrasound (sonogram) for the following visit. This is a very exciting time, but keep in mind that there is correct timing for everything, including when your baby is born. So please be patient with our schedule, it has been carefully worked out to fit your growing baby.

Again, we welcome you and thank you for choosing Eastern Carolina Women's Center for your OB care.

Sincerely-

The Obstetrical Doctors of Eastern Carolina Women's Center

Jeremy Belch, MD, MPH
Kristi English Brown, MD, FACOG
Dennis K. Martin, MD, FACOG
Jeffrey A. Michelson, MD, FACOG
Paige C. Moye, MD
Rob H. Patterson, MD, FACOG
John H. Tinga, MD, FACOG
Mandy H. Marshburn,CMN,MSN

EASTERN CAROLINA WOMEN'S CENTER – NEW OB PATIENT QUESTIONNAIRE

Name:	DOB:	Nickname:
Address:		
Phone: (Home)	(Cell)	(Work)
Occupation:		
Father of Baby (Name):		
Father's Occupation		
Emergency contact (Local)	Name: Relationship:	Phone:

Past Pregnancies	Outcome(C/S, VAG, Miscarriage,Abortion)	Sex	Weight	Doctor or City	Comments

Present Medications (Include vitamins & supplements)	Name of Drug	Dosage	Frequency

Surgeries / Operations:	Date

Patient Name:_____ DOB:_____

Serious Illness	Date

Use of Alcohol: Yes No	Use of Tobacco: Yes No	Use of Drugs: Yes No
Frequency:	Frequency:	Type:
		Frequency:

Last Menstrual Period (1st Day- Date of) :_____

Periods: (Regular) Yes____ No____ Height _____ Pre-Pregnancy Weight _____

Family Histories- Parents, Siblings, Grandparents, 1st Aunts and Uncles		
	Mother of Baby	Father of Baby
High Blood Pressure		
Diabetes (I,II,Gestational)		
Birth Defects (Cleft Lip/Palate, Extra Digits)		
Heart Disease(Arrhythmia, Heart Attack, Pacemaker,Septal Defect)		
Stroke		
Thyroid Disease		
Cancer		
Mental Disorders (Bipolar, Alzheimers, Depression, Other Psychiatric illness		
Gastrointestinal		
Genitourinary		
Muscular		
Skin		
Autoimmune(Rheumatiod Arthritis,HIV)		
Other(Parkinson,TB,Glaucoma,Asthma, COPD)		

Patient Name:_____ DOB:_____

Infection History	Mother of Baby	Father of Baby
Disease or Exposed to Aids		
Hepatitis disease or exposure		
TB disease or exposure		
History of Genital Herpes		
Rash/Viral illness while pregnant		
History of : GC, Chlamydia, HPV, Syphilis		

Vaccinations:			Date:
Tetanus (TdAP)	Yes	No	
Flu	Yes	No	
HPV	Yes	No	
Varicella	Yes	No	
Other	Yes	No	

Environmental History- While Pregnant:	Explain:
Pets	
PICA (eating things not usually considered food	
Radiation Exposure (X-rays, Tanning Beds)	
Work Hazards (Lifting, Exposure to Disease)	
Eat Game, Very rare Meat , Raw Meat, Fish	
Viral Exposure	
Chemicals/Toxin Exposure (Fuels, Cleaners, Paint, Pesticides)	

Genetics (Disorders Passed Down Through Families)	Explain:
Thalassemia-Severe Anemia-Those of Mediterranean (IT,SP,Greek or Oriental Descent)	
Neural Tube Defect (Spina Bifida, Abnormal Brain Devel, Open Spine)	
Downs Syndrome	
TAY-SACHS Diseases (Mental retardation, Blindness, Seizures-(Jewish, E. European, French Canadian, Cajun)	

Patient Name:_____ DOB:_____

Genetics (Disorders Passed Down Through Families)	Explain:
Sickle Cell/TRAIT	
Hemophilia (Clotting disorder)	
Muscular Dystrophy (Severe muscular degeneration)	
Cystic Fibrosis (Thickened body secretions disrupt breathing,absorption of food nutrients	
Huntington's Corea (ABN movements, Lung, Heart disorders, Retardation)	
Mental Retardation	
Fragile X Test	
Multiple Births	
Father's other children with birth defects	
3 or More 1st Trimester miscarriages/stillbirths	
Medications taken since last period	List:
Other significant Family History	
Parents 35 or older during pregnancy	