

Returning Prenatal Patient Questionnaire

DUKE CHILDREN'S CARDIOLOGY OF RALEIGH
Angelo Milazzo, MD
Salim Idriss, MD, PhD, FAAP, FACC
Cathy Robinson, RN

If necessary, please update your contact information:

Patient's Name _____ DOB _____

Address: _____

Phone: _____ Work phone: _____

Cell phone: _____ E-mail: _____

Has your primary OB/GYN provider changed? Yes No

If "yes," please provide name of new provider: _____

Please provide name of new practice: _____

Have you had any ultrasounds since the last visit? Yes No

If "yes," please summarize results if known: _____

Have you had any problems with your pregnancy since the last visit? Yes No

If "yes," please explain: _____

Have you had any other medical problems since the last visit? Yes No

If "yes," please explain: _____

Have you had surgery since the last visit? Yes No

If "yes," please explain: _____

Have you been hospitalized since the last visit? Yes No

If "yes," please explain: _____

Where do you plan to deliver your baby? _____

Signature of patient

Date

Printed name