

Medical history for pregnant women

Name and surname:
company:

Personal identification number: Insurance

Dear expectant mothers,

Thank you for your interest in bringing your baby into the world in our Department of Gynaecology and Obstetrics. Before this anticipated event, we ask you to fill out this questionnaire, which will be used to complete the medical history that you have compiled or will compile with the assistant during your registration.

1. Surname and name of the child's father

(if you plan to include it on the child's birth certificate)

2. Personal ID No. of the child's father

(for foreigners – if assigned by Czech authorities)

3. Name, surname, address, telephone number of paediatrician,

who will assume care of your baby when you return home from the hospital

4. Full wedding date

5. Medical history of the father's parents and grandparents – cancer, diabetes, cardiovascular disease, developmental defects, physical disabilities, etc.

6. Medical history of the mother's parents and grandparents – cancer, diabetes, cardiovascular disease, developmental defects, physical disabilities, etc.

7. Personal medical history of the child's mother – childhood illnesses, infectious diseases, heart, lung, thyroid diseases, allergies and other diseases of a more serious nature

8. Gynaecological diseases – more frequent inflammation, discharges, etc. – treated?, gynaecological operations or minor procedures, treatment of the cervix – more detailed specification of the procedure, treated infertility – how long? method of treatment?

9. Major operations or injuries – especially abdominal surgery, appendectomy, ectopic pregnancy, caesarean section – SC

10. All previous pregnancies – their order, (artificial termination of pregnancy, spontaneous abortion, ectopic pregnancy), for mothers giving birth for the second time or more, always indicate the sex of the previous children, measurements and weights, whether the birth was at term, spontaneous or operative, forceps? How long did you breastfeed? Where did you give birth? Illnesses in the six-week postpartum period, etc.

11. In this pregnancy – difficulties, diseases, AMC – amniotic fluid collection, colds, use of any medications, including antibiotics and other preparations during pregnancy, treated discharges, etc.

12. Swelling – hands, feet, face, especially cases that persist

13. Varicose veins – should you have compression stockings for delivery?

14. Diet ordered by physician

15. Allergies and their manifestation – to antibiotics – their name and other drugs, disinfection, patch, insect bites, dust, pollen, mites, food allergy, etc.

16. I have been under long-term medication

17. Blood transfusion – please indicate whether there was a reaction to the transfusion and how it manifested itself

18. Contraception – what kind and how long have you been on it?

19. Addictive substances – smoking, alcohol, drugs (Are you abstinent? How long?)

20. Type of diabetes – diet, medication, insulin or elevated OGTT