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PEDIATRIC
Heart Specialists
Diagnosis & Treatment of Cardiology Disorders
Fetal/Neonatal through Young Adults
Board Certified, Pediatric Cardiology

Shannon E. Blalock, MD
Alan Sing, MD
Holly Tomlin, MSN, RN, CPNP
Ashley Hanson, MSN, RN, CPNP

Fetal Follow-up Patient Questionnaire

Name _____ **DOB:** ____/____/____ **Today's Date:** ____/____/_____

Spouse/Partner's Name _____ **Estimated Due Date** ___/___/____ **Current Gestation:** _____

Perinatologist: _____ **Obstetrician:** _____

Reason for Referral: _____**Delivering Hospital:** _____

Drug Allergies: _____ **Current Medications:**_____

Medical History

Have there been any changes in your medical history since your last visit? Y N
If yes, please explain:_____
_____

Have you had any prenatal genetic testing or an amniocentesis performed? Y N
If so, what were the results?_____

Are there any other concerning physical findings on your baby's sonogram? Y N
If yes, please explain _____
_____

Social History

Tobacco YES NO **Wear seatbelt? YES NO**

Alcohol YES NO **Exercise YES NO**

Illicit/Recreational Drugs YES NO

Patient Signature:_____ **Physician Signature:**_____

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