DR. (HR) TATJANA REIHS
PRÄNATALMEDIZIN DEGUM II

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PATIENT INFORMATION

Surname: _____

Name: _____

Title: _____ Date of birth: _____

Postcode: _____ Town:_____

Street: _____ Country of birth: _____

Health insurance: _____

Tel.: _____Mob.:_____

Email:_____Occupation:_____

Referring doctor:_____

Information about the child's father:

Date of birth: _____ Country of birth:_____

Pre-existing medical conditions: _____

Information about your current pregnancy:

Would you like to know the sex of the baby? Yes ❍ No ❍

Last period (first day) _____

Due date (calculated) _____

Due date (corrected, if applicable) _____

Mother's blood group _____ Rhesus ❍ pos. ❍ neg.

Pre-pregnancy weight: _____ current weight _____

Height _____ Are you a smoker? ❍ No ❍ Yes

Progress of pregnancy so far ❍ Abnormal ❍ Normal

Type of abnormalities: _____

_____

Did you undergo first trimester screening (NT measurement / biochemistry) (11+0 - 13+6 weeks of pregnancy)?

❍ No ❍ Yes, where? _____

Previous investigations / diagnostics e.g. amniocentesis or chorionic villus sampling

❍ No ❍ Yes, when? _____ which _____

_____

OBSTETRIC HISTORY

Number of pregnancies _____ births _____

Miscarriages (in which year?) _____

Stillbirths (in which year?) _____

In cases of artificial insemination:
Conception date after

IVF on: _____ ICSI on: _____

Hormonal treatment ❍ Yes ❍ No

Singleton: ❍ Yes ❍ No

Chromosome abnormalities in the family? (e.g. Down's syndrome)

❍ No ❍ Yes, who in the family: _____

Neural tube defect (spina bifida)

❍ No ❍ Yes, who in the family _____

Previous births

Year of birth	Weight at birth	Gender	Complications	Week of pregnancy at birth

Typ of last delivery:

❍ Spontaneous ❍ Caesarean section ❍ Operative vaginal (forceps)

Gynaecological operations?

(e.g. laparoscopy, removal of uterus fibroid , cerclage etc.)

_____

Are you taking any medication? (e.g. hormones (thyroid)),

_____

Date: _____ Patient signature _____