

OBSTETRICAL PATIENT QUESTIONNAIRE

GENERAL INFORMATION

Today's Date: _____

Name: _____ Age: _____ Date of Birth (DOB): _____

Preferred Contact Number: _____ Email Address: _____

Marital Status: _____ Your Occupation: _____

Partner's Name: _____ Partner's DOB: _____ Partner's Occupation: _____

Please check this box if your current partner is not the father of the baby

Your Ethnicity: _____ Father (of baby) Ethnicity: _____

Language Spoken at Home: _____

Emergency Contact – Name: _____ Phone #: _____

INFORMATION ABOUT YOUR CURRENT PREGNANCY

*First Day of Last Normal Menstrual Period: _____ Are you sure of the date? Yes / No

My period comes every _____ days. Is your period regular and predictable? Yes / No

Was this a planned pregnancy? _____

Assisted Conception: Did you have medical help to get pregnant? Yes / No

What method was used? _____

PREVIOUS PREGNANCIES: – Please include ALL pregnancies: (including, miscarriages & abortions)

DATE (dd/mm/yyyy)	LOCATION (hospital, city, country)	DELIVERY TYPE (vaginal, Cesarean section, forceps, vacuum)	COMPLICATIONS (anemia, high BP, diabetes, labour issues, induced?)	LENGTH OF LABOUR (hours)	GESTATIONAL AGE AT BIRTH	BOY OR GIRL?	BIRTH WEIGHT



PERSONAL MEDICAL INFORMATION

Have **YOU ever had** or do **YOU currently have** any of the following conditions? Check **All** that apply.

	YES		YES
Major Injuries/Past Trauma		Abnormal Pap Test Treatment?	
Are you Related to father of this baby (blood relation)?		MENTAL Health (depression, anxiety, etc.)	
Auto-Immune Disorders		Anesthetic Problems?	
Diabetes (Including previous pregnancies)		Asthma	
Easy Bleeding or History of Blood Clots		Tuberculosis	
Epilepsy / Seizures		Birth Defects (i.e. hip dysplasia, cleft lip)	
Hepatitis A, B, or C / Liver Disease		Blood Transfusion? When?	
High Blood Pressure (including previous pregnancies)		Development (i.e. ADD, ADHD, FAS)	
HIV / AIDS		Hereditary Conditions	
Kidney /Bladder Problem (i.e. infections/stones)		Hypothyroid / Hyperthyroid (thyroid conditions)	
Sexually Transmitted Infections (herpes, chlamydia, syphilis, gonorrhea)		Migraines / Severe Headaches	
Stomach Disorders (i.e. IBS, Crohns, Celiac)		Other Issues (not previously listed)	

Has your partner had a history of genital herpes? _____ Have you had either chickenpox or the vaccine? _____

Date of last pap smear _____ Pre-pregnancy Weight _____ Height _____

List all past hospital admissions and surgeries, including those you had as a child:

Current MEDICATIONS & dose: (Vitamins, Prescriptions, Over-the-Counter Medications, Herbal Treatments):

Were you taking folic acid at the time of conception? _____

Name of Your Pharmacy: _____

ALLERGIES/ INTOLERANCES: list medications and other substances and type of reaction:



FAMILY MEDICAL HISTORY

Who in **YOUR FAMILY** or **THE FATHER'S FAMILY** have any of the following medical problems?

Diabetes: _____

High Blood Pressure _____ Heart disease: _____

Twins: _____

Psychiatric – (i.e. Depression, Anxiety, Bipolar) _____

Auto immune disorders: (i.e. Thyroid, rheumatoid arthritis, MS) _____

Babies in the family born with birth abnormalities _____

Hereditary Disorders _____

Disorders of the Blood / Clotting or bleeding problems: _____

Complications in pregnancy: _____

Other (i.e. hemophilia, chromosome disorders, thalassemia) _____

LIFESTYLE, SOCIAL, AND CULTURAL ISSUES

1. Have you smoked tobacco in the past year? Yes / No **If yes:** # of cigarettes per day _____

2. When was your last cigarette? _____

3. Have you consumed alcohol during this pregnancy? Yes / No. When was your last drink? _____

Frequency of use: Daily / 2 – 3 times per week / once a week / occasional. Average # of drinks? _____

4. Have you ever or are you currently taking recreational drugs? Yes / No Last used (date) _____

List: ALL recreational drugs / solvent(s) used: (current & in past) _____ / History of Addiction?: _____ Caffeine Intake? _____

5. Social/Cultural concerns: (i.e. financial; Support System; Religious Beliefs; Relationship Stability; Domestic Violence, Other): _____

6. Environmental / Occupational concerns: (i.e. second-hand smoke, pets, toxins, other) _____

_____ 7.

Have you travelled outside of Canada in the past year? _____ When? _____ Where? _____

8. Do you plan to travel outside of Canada during this pregnancy? _____



Oak Bay Medical Centre

Office Policies and General Information for our Prenatal Patients

Our office hours are:

Monday – Thursday – 8:00am – 4:00 pm

Friday – 9 am – 3:00 pm

We are closed evenings, weekends and statutory holidays.

Patients must arrive on time for their scheduled appointment time. Patients arriving late will be rebooked and charged \$50.00 - \$150.00 depending on the type of appointment. We require 24 hours' notice to change or cancel your appointment. Failure to provide 24 hours' notice or not to show up for an appointment will result in a \$50.00 - \$150.00 charge to you.

Our physicians are dedicated to providing quality care in an efficient office which works well for ALL of our patients. Medicine is unpredictable. Occasionally someone needs extra time. Please be patient. One of these days it maybe YOU who needs extra time. We see patients by appointment only and do not accept walk-ins. If you feel you need to see your doctor on an urgent basis, please call first.

Each referred prenatal patient is assigned to a primary doctor at this clinic. This is usually the doctor who you will meet at your first appointment. Your primary doctor will try to see you for all your prenatal visits. If he/she is unavailable one of the other doctors would be pleased to assist you. In the interest of continuity of care, things work best if you see your primary doctor whenever possible. Your doctor will tell you after each visit when you need to come again. It helps if you book your next appointment prior to leaving the office.

Unless instructed otherwise by your doctor, you and your baby will be seen for the 1st baby visit when your baby is 4 - 7 days old. You are a patient at our clinic until 6 - 8 weeks after the baby is born. At that time your chart and your baby's chart will be sent back to your family doctor/referring doctor. If you do not have a family doctor, ask at the reception desk for a list of the doctors in Calgary and surrounding area who are accepting new patients.

The doctors at the Oak Bay Medical are NOT accepting new family practice patients. We have accepted you for prenatal care only. If you have another type of health issue such as respiratory infection, sore shoulder, renewals of medications ordered by your family doctor for example please contact your family doctor/referring doctor. If you are unsure if your issue is pregnancy-related or not, please contact us.

Some medical services are not covered by Alberta Health and Wellness. Please see the "uninsured services fee guide" section posted in each binder in the exam rooms. Costs will be discussed with your physician and payment must be received prior to the service/note being completed.



Our office often uses a secure virtual platform called Medeo to communicate with patients. This system allows us to send test result, lab requisitions etc. and exchange brief messages. If you wish to use this service please ensure we have an up to date e-mail address with correct spelling.

A few points about using Medeo:

- If you wish to use this service, please **ensure that you open/read your messages**, as we are spending a considerable amount of time contacting patients when messages go unread.
- Please **do not use Medeo for urgent questions**, or for appointment booking.
- Please **do not use your profile to ask questions about other family members**, as these messages will be permanently linked to the wrong chart and generally confuse things.
- Message threads can only be initiated by your doctor, but you can reply if the thread is still open.
- Some clinical concerns are best addressed in the office and not through electronic means. Our staff will guide you as to what is appropriate.

We've been pleased so far by the efficiency of this system and hope you will find it beneficial as well.

I have read the office policies and I am aware of them.

Printed Name

Signature

Date

