

1141 Keller Parkway  
Suite A  
Keller, Texas 76248



1600 West College  
Suite 190  
Grapevine, Texas 76051

PT NAME:

CHART #:

**Past Pregnancies:**

1. Date \_\_\_\_\_ Wks Gst: \_\_\_\_\_ Length Labor: \_\_\_\_\_  
Anes: \_\_\_\_\_ Hosp: \_\_\_\_\_ Sex: \_\_\_\_\_ Wt: \_\_\_\_\_  
Remarks: \_\_\_\_\_ Type of Del: \_\_\_\_\_
2. Date \_\_\_\_\_ Wks Gst: \_\_\_\_\_ Length Labor: \_\_\_\_\_  
Anes: \_\_\_\_\_ Hosp: \_\_\_\_\_ Sex: \_\_\_\_\_ Wt: \_\_\_\_\_  
Remarks: \_\_\_\_\_ Type of Del: \_\_\_\_\_
3. Date \_\_\_\_\_ Wks Gst: \_\_\_\_\_ Length Labor: \_\_\_\_\_  
Anes: \_\_\_\_\_ Hosp: \_\_\_\_\_ Sex: \_\_\_\_\_ Wt: \_\_\_\_\_  
Remarks: \_\_\_\_\_ Type of Del: \_\_\_\_\_
4. Date \_\_\_\_\_ Wks Gst: \_\_\_\_\_ Length Labor: \_\_\_\_\_  
Anes: \_\_\_\_\_ Hosp: \_\_\_\_\_ Sex: \_\_\_\_\_ Wt: \_\_\_\_\_  
Remarks: \_\_\_\_\_ Type of Del: \_\_\_\_\_
5. Date \_\_\_\_\_ Wks Gst: \_\_\_\_\_ Length Labor: \_\_\_\_\_  
Anes: \_\_\_\_\_ Hosp: \_\_\_\_\_ Sex: \_\_\_\_\_ Wt: \_\_\_\_\_  
Remarks: \_\_\_\_\_ Type of Del: \_\_\_\_\_
6. Date \_\_\_\_\_ Wks Gst: \_\_\_\_\_ Length Labor: \_\_\_\_\_  
Anes: \_\_\_\_\_ Hosp: \_\_\_\_\_ Sex: \_\_\_\_\_ Wt: \_\_\_\_\_  
Remarks: \_\_\_\_\_ Type of Del: \_\_\_\_\_
7. Date \_\_\_\_\_ Wks Gst: \_\_\_\_\_ Length Labor: \_\_\_\_\_  
Anes: \_\_\_\_\_ Hosp: \_\_\_\_\_ Sex: \_\_\_\_\_ Wt: \_\_\_\_\_  
Remarks: \_\_\_\_\_ Type of Del: \_\_\_\_\_
8. Date \_\_\_\_\_ Wks Gst: \_\_\_\_\_ Length Labor: \_\_\_\_\_  
Anes: \_\_\_\_\_ Hosp: \_\_\_\_\_ Sex: \_\_\_\_\_ Wt: \_\_\_\_\_  
Remarks: \_\_\_\_\_ Type of Del: \_\_\_\_\_
9. Date \_\_\_\_\_ Wks Gst: \_\_\_\_\_ Length Labor: \_\_\_\_\_  
Anes: \_\_\_\_\_ Hosp: \_\_\_\_\_ Sex: \_\_\_\_\_ Wt: \_\_\_\_\_  
Remarks: \_\_\_\_\_ Type of Del: \_\_\_\_\_
10. Date \_\_\_\_\_ Wks Gst: \_\_\_\_\_ Length Labor: \_\_\_\_\_  
Anes: \_\_\_\_\_ Hosp: \_\_\_\_\_ Sex: \_\_\_\_\_ Wt: \_\_\_\_\_  
Remarks: \_\_\_\_\_ Type of Del: \_\_\_\_\_

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## OB QUESTIONNAIRE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please check any of the following that apply:**

1. Have you ever had:

- Incompetent Cervix
- Postpartum Hemorrhage
- Pregnancy Induced Hypertension
- Fetal Demise/Stillbirth

2. Have you ever had:

- Gynecologic Surgeries.  
If so, what type, and when? \_\_\_\_\_
- Abnormal PAP Smears.  
If so, when, and was any follow-up done? \_\_\_\_\_
- History of Infertility.

3. Have you ever had:

- Herpes
- Gonorrhea
- Syphilis
- Chlamydia
- Condyloma
- HIV

Do you have any questions regarding safer sex? \_\_\_\_\_

4. Have you ever had:

- Hepatitis
- Group B Strep

5. Do you have cats?

If so, do you change the litter box?

- Yes  No
- Yes  No

6. Have you had:

- Rubella (German Measles)
- Mitral Valve Prolapse
- Heart Murmur
- High Blood Pressure
- Asthma
- Recurring Bladder Infections
- Chicken Pox
- Rheumatic Fever
- Heart Disease
- Blood Transfusions
- Tuberculosis
- Blood in the urine

7. Have you ever had:

- Depression/Emotional Disorders
- Addiction to Drugs
- Excessive use of Alcohol
- Been abused Verbally/Physically/Sexually

8. Have you or any of you family members had any of the following:

- Heart Disease  
If so, who? \_\_\_\_\_
- Hypertension  
If so, who? \_\_\_\_\_
- Bleeding Disorders  
If so, who? \_\_\_\_\_
- Diabetes  
If so, who? \_\_\_\_\_
- Endocrine Disorders  
If so, who? \_\_\_\_\_
- Cancer  
If so, who? \_\_\_\_\_
- Stroke  
If so, who? \_\_\_\_\_
- Neurological Disorders  
If so, who? \_\_\_\_\_

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### PRENATAL GENETIC SCREEN

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

I. Will you be 35 years of older when the baby is due?  Yes  No

Have you, the baby's father or anyone in either of your families ever had any of the following disorders?

- |                                                                                   |                          |     |                          |    |
|-----------------------------------------------------------------------------------|--------------------------|-----|--------------------------|----|
| Down Syndrome (mongolism)                                                         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Other chromosomal abnormality                                                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Anencephaly, Neural tube defect, spina bifida<br>(meningomyelocele or open spine) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Hemophilia                                                                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Muscular Dystrophy                                                                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Cystic Fibrosis                                                                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If you answered yes to any of the above, please indicate the relationship of affected person to you or the baby's father:

\_\_\_\_\_

II. Do you or the baby's father have a birth defect?  Yes  No  
If yes, who has the defect, and what is it? \_\_\_\_\_

In any previous marriages, have you or the baby's father had a child born dead or alive with a birth defect not listed above?  Yes  No  
If yes, who had the defect, and what is it? \_\_\_\_\_

Do you or the baby's father have any close relatives with mental retardation?  Yes  No  
If yes, indicate the relationship of the affected person to you or the to the baby's father: \_\_\_\_\_  
Indicate the cause if known: \_\_\_\_\_

Do you, the baby's father, or a close relative in either of your families have a birth defect, any familial disorder, or a chromosomal abnormality not listed above?  Yes  No  
If yes, indicate the condition and relationship of the affected person to you or to the baby's father: \_\_\_\_\_  
Are you and the father of the baby blood relatives?  Yes  No

In any previous marriages, have you or the baby's father had a stillborn child or three or more first trimester spontaneous pregnancy losses?  Yes  No  
If yes, have either of you had a chromosomal study?  Yes  No  
If yes, indicate who and the result: \_\_\_\_\_

- III. Are you or the baby's father of Jewish ancestry?  Yes  No  
Have either of you been screened for Tay-Sachs disease?  Yes  No  
If yes, indicate who and the results: \_\_\_\_\_
- Are you or the baby's father black?  Yes  No  
Have either of you been screened for sickle cell trait?  Yes  No  
If yes, indicate who and the results: \_\_\_\_\_
- Are you or the baby's father Italian, Greek, or of  
Mediterranean background?  Yes  No  
Have either of you been tested for B-thalassemia?  Yes  No  
If yes, indicate who and the results: \_\_\_\_\_
- Are you or the baby's father Philippine or Southeast Asian  
ancestry?  Yes  No  
Have either of you been tested for A-thalassemia?  Yes  No  
If yes, indicate who and the results: \_\_\_\_\_

- IV. Excluding iron and vitamins, have you taken any medications or  
recreational drugs in the past six months?  Yes  No  
This includes non-prescription drugs  
If yes, give name of medication and time taken during pregnancy:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_

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### Prenatal Testing for Cystic Fibrosis

Cystic fibrosis is a life-long metabolic illness that usually appears in the early years of a child's life. The disease affects breathing and digestion often leading to life-long problems and need for care; it DOES NOT affect your baby's appearance or INTELLIGENCE. Cystic fibrosis is inherited, as a recessive disorder, in other words both of the parents, you and your husband; must be carriers to pass the gene on to your baby. If both you and your husband test positive as carriers, neither of you have any signs or symptoms of the disease, and then the chance of your baby inheriting the disease is ~ or twenty-five percent. Unfortunately the testing does not tell you now much the cystic fibrosis will affect your infant/child. The chance of you or your husband being a carrier depends on your family background:

Race:	Chance of being a carrier:	Chance of both Parents being carriers:
European Caucasian	1 in 29	1 in 841
Askenazi Jewish	1 in 29	1 in 841
Hispanic American	1 in 46	1 in 2116
African American	1 in 65	1 in 4225
Asian American	1 in 90	1 in 8100

Recently testing has been developed to test for the 25 most common carrier mutations. The American Board of Obstetrics and Gynecology has recommended, that each patient be offered screening during her early prenatal care. A negative test on you is not a guarantee that your child will not have Cystic fibrosis but your chances are very small. If both parents are shown to be carriers then GENETIC COUNSELING and an AMNIOCENTESIS is recommended to determine the status of your baby. Finally cystic fibrosis can not be treated before birth ~ therefore the results of screening is to allow you to terminate your pregnancy or to allow yourself time to prepare for a child with special health care needs.

#### INFORMED CONSENT/DECLINE

1. I understand that the decision to be tested for Cystic Fibrosis (CF) carrier status is completely mine.
2. I understand that the test does not detect all CF carriers.
3. I understand that if I am a carrier, testing of the baby's father will be necessary to determine the chance that my baby could have CF.
4. I understand that if one parent is a carrier and the other is not, it is still possible that the baby will have CF, but the chance is very small.
5. I understand that if both parents are carriers, additional testing will be required to determine whether your baby will have CF.
6. I understand that if my baby is shown to have CF, the only way to avoid the birth of a baby with CF is to terminate my pregnancy.

I have read and understand the preceding information and:

- I decline CF carrier testing  
 I desire CF carrier testing

Signed: \_\_\_\_\_

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The Texas Legislature passed Grayson's Law (House Bill 1795) making it mandatory for healthcare providers treating pregnant patients to carry out two HIV tests - one at the first prenatal visit and one in the 3<sup>rd</sup> trimester unless the patient specifically refuses. Should the patient refuse, HIV testing will be offered at the time of delivery and can be done on either the mother or newborn. Research has shown that maternal transmission from mother to infant can be significantly reduced following a three step protocol administering Zidovudine (AZT). In a nationwide study conducted by the AIDS clinical trial group, maternal-fetal transmission of HIV was reduced by 2/3 in cases where women were treated orally with AZT during pregnancy, intravenously during labor/delivery and when their newborns were treated orally for six weeks after birth. This benefits children of patients whose HIV positive status is known because AZT administered during pregnancy significantly reduces the chances of transmission to the baby.

Three important facts regarding HIV testing are as follows:

- \* Testing is a routine part of our practice.
- \* Testing is routine because the latency period for HIV infection can be as long as 15 years.
- \* However unlikely HIV infection is, if you are positive, you can greatly reduce the chance of transmission to your baby with AZT treatment.

The results of HIV testing are confidential, but not anonymous. The Texas Statute governing HIV information allows confidentiality to be broken in order to release the results to the health department, a local health authority, for reporting purposes, to the physician who ordered the test, or a healthcare provider who has a legitimate need to know the tests results in order to provide for his/her own protection and to provide for the patient's health and welfare. Additionally, HIV test results may be released to a spouse if the results are positive. You may also voluntarily release or disclose tests results to any other person; however, such authorization must be in writing and signed by you.

- I have received written material developed by the Texas Department of Health regarding HIV testing prior to test being drawn.
- I have received verbal notification regarding HIV testing and this has been explained to me.
- I give permission for HIV testing today and during the 3<sup>rd</sup> trimester.
- I refuse HIV testing today and during the 3<sup>rd</sup> trimester.

Should you refuse HIV testing you may seek anonymous testing through the Tarrant County Health Department. Although the results are anonymous they must be made available to your physician so you will receive appropriate treatment during your pregnancy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# IF YOU ARE PREGNANT OR THINK YOU MAY BE PREGNANT, YOU NEED TO KNOW ABOUT HIV.

You need to take care of yourself and get regular medical checkups for your health and your baby's health. Your health care provider will ask you questions and check you for conditions that can harm you and your baby. As part of your routine care, you should have a confidential HIV test.

## WHAT IS HIV?

- Human Immunodeficiency Virus (HIV) is a disease that weakens the immune system, making it hard for the body to fight infections.

## HAVE YOU RECENTLY HAD AN HIV TEST?

- For your health and your baby's, you should know if you're infected with HIV - the virus that causes AIDS. If you are infected, there are things you can do to protect your baby.
- A confidential HIV test will be performed on every pregnant woman in Texas at the first prenatal care visit and at delivery. You may refuse the test, but there are benefits to knowing your HIV status.
- If you refuse testing, your health care provider will let you know about where to get an anonymous test done.
- A "confidential test" means information about the test results will be written in your medical record. An "anonymous test" means your real name won't be used and the test results won't be written in your medical record.

## HOW WILL A TEST HELP ME?

- If you are infected with HIV, there are medicines that may prevent your baby from becoming infected and help you stay healthier. You will need to start taking the medicine early in your pregnancy.

## HOW WILL A TEST HELP MY BABY?

- The test will help your baby by alerting you to the need for treatment. If you have HIV, you might give it to your baby during pregnancy, at delivery, or by breastfeeding. Without treatment, about one out of every four babies born to HIV-infected mothers are born with HIV.
- Doctors have learned that the drug AZT can greatly reduce your chances of giving HIV to your baby. You may want to discuss this treatment with your health care provider.

## WHERE CAN I GET MEDICAL HELP?

Private doctor's office  
Local health department  
Texas Department of Health Regional Clinics

## HOW CAN I AVOID HIV INFECTION?

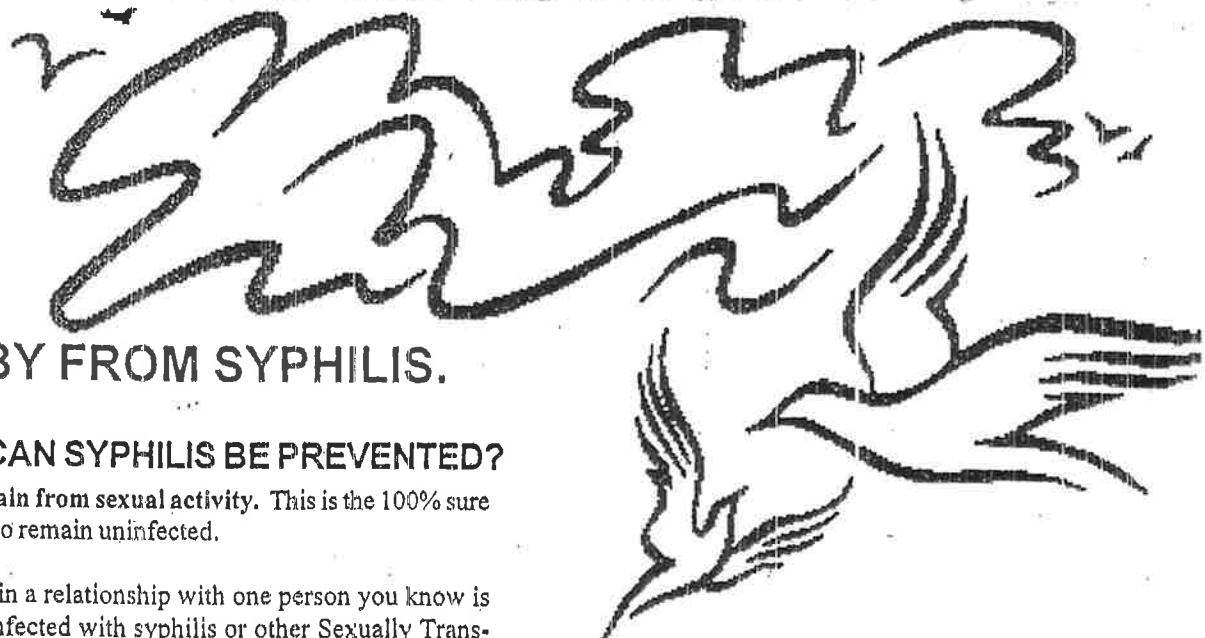
- Abstain from sexual activity. This is the 100% sure way to remain uninfected.
- Stay in a relationship with one person you know does not inject drugs and is not infected with HIV or other Sexually Transmitted Diseases.
- Use latex condoms every time you have sex unless you are sure your sex partner is not infected. Condoms are not just for preventing pregnancy. When used correctly, condoms can help prevent diseases like HIV and other Sexually Transmitted Diseases.
- Do not use drugs! Drugs can hurt you and your unborn baby. If you use drugs, ask about treatment programs to help you stop. If you can't stop, do not share needles or syringes. Be sure to clean needles with water and bleach between uses.

## OTHER SOURCES OF HELP

Call the Texas AIDSLINE at 1-800-299-AIDS, to find out about HIV testing and medical services in your area.  
Call the Baby Love Hotline at 1-800-422-2956 to receive a referral for medical care for you and your baby.







# PREGNANT? PROTECT YOUR BABY FROM SYPHILIS.

## WHAT IS SYPHILIS?

Syphilis is a disease that is passed by having unprotected sex with someone who has the disease. Syphilis enters the bloodstream and infects the entire body. As it advances, syphilis can cause blindness, insanity, crippling, and death.

## WHAT IS CONGENITAL SYPHILIS?

A mother infected with syphilis can pass the disease to her baby before birth. If the baby gets the disease this way, it is called congenital syphilis. Pregnant women should be tested for syphilis early and late in the pregnancy to detect and get treatment for infection.

## WHAT ARE THE RISKS OF CONGENITAL SYPHILIS?

A baby born with congenital syphilis may be blind, deaf, mentally retarded, born with bone deformities, and/or still-born.

## CAN SYPHILIS BE CURED?

- YES!** If the infection is caught early, the mother and her baby can receive treatment at the same time.
- See a health care provider immediately if you think that you have syphilis or another Sexually Transmitted Disease, if you have sex with someone you think may have a Sexually Transmitted Disease, or if someone you have had sex with tells you that they have a Sexually Transmitted Disease.

## HOW CAN SYPHILIS BE PREVENTED?

- Abstain from sexual activity. This is the 100% sure way to remain uninfected.
- Stay in a relationship with one person you know is not infected with syphilis or other Sexually Transmitted Diseases.
- Use a latex condom every time you have sex if you are sure your sex partner is not infected with syphilis.
- See a health care provider as soon as possible if you think you are pregnant, and continue going to the doctor regularly until the baby has been born.
- See a health care provider if you notice unusual rashes or sores on your body.
- If you have been told that you have or have been exposed to syphilis or another Sexually Transmitted Disease, you should receive treatment immediately.
- If you are pregnant, you should be tested early and late in the pregnancy to detect and get treatment for infection.

## WHERE CAN HELP BE FOUND?

- Private doctor's office
- Local health department
- Texas Department of Health Regional Clinics

Treatment is always confidential and private. Person under 18 years of age that receive treatment for HIV and Sexually Transmitted Diseases do not have to tell the parents.

## NORTH TEXAS WOMAN'S HEALTHCARE

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