

NON PASYAN: _____ DAT OU FÈT: ____ / ____ / ____
(Patient Name) (Date of Birth)

MATERNAL-FETAL MEDICINE OF SOUTHWEST FLORIDA



ISTWA PASYAN

(Patient History)

Dat jodi a (Today's date) : _____

Non doktè /fanmsaj/klinik ki refere ou ban nou (Referring Provider) : _____

Poukisa yo te refere w bay nou (Why were you referred to us) ?:

Èske ou ansant aktyèlman (Are you currently pregnant)?

- Wi (Yes) (Si "wi", tanpri kontinye) (If "yes", please proceed)
 Non (No) (Si "non", tanpri ale tou dwat nan istwa jinekòlòg anba a) (If "no", please skip to Obstetric History below)

REPWODIKSYON ASISTÈ

(Assisted Reproduction)

Si gwosès sa a se rezilta tretman fètilite, tanpri tcheke tout sa ki aplike (If this pregnancy is the result of fertility treatment, please check all that apply):

- Klomid (Clomid) IVF (fekondasyon nan vitro) IUI (fekondasyon enseminasyon) ICSI (piki entèmyoplasmatik espèm)

Non espesyalis pou moun ki pa ka fekonde a (Name of Infertility Specialist): _____

Èske yo te itilize yon ze donate (Was an egg donor used)? Non (No) Wi (yes)

Si "wi", ki laj donatè a (If "yes" what was the age of the donor)? _____

Èske yo te itilize yon espèm donate (Was a sperm donor used)? Non (No) Wi (Yes)

Si ou te itilize FIV, èske anbriyon an te (If you used IVF, was the embryo) : Fre (Fresh) Jele (Frozen)

Konbyen anbriyon yo te mete (How many embryos were implanted)? _____

Ki dat enplantasyon an (What was the implantation date)? _____

Èske tè depistaj jenetik te fèt sou anbriyon yo (Was genetic screening performed on the embryos) ? Non (No) Wi (Yes)

Si wi, ki sa rezilta yo te ye (If yes, what were the results)? _____

Èske sa se yon gwosès ranplasan (Is this a surrogate pregnancy) ? Non (No) Wi (Yes)

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ISTWA JINEKOLÒJIK
 (Obstetric History)

Tanpri, bay enfòmasyon pou chak gwosès anvan yo, **kit vivan oswa mouri, fos kouch, oswa avòtman.**
 Tanpri kòmanse ak premye gwosès ou. (Please provide information for each of your previous pregnancies, **whether living or deceased, miscarried, or aborted.** Please start with your first pregnancy).

#	Dat akouchman an Endike mo / ane (mo/yr of del)	Semèn akouchman an (weeks at del)	Gason oswa fi (male or female)	Pwanans (Birth weight)	Pouse, Sezaryèn, pens, vakyòm, grenn misar. oswa avòtman (Vag, C/S, forceps, Vacuum, miscar.or aborted)	Si ou te fè Sezaryèn, Poukisa? (If cesarean section, why?)	Lopital. Si ou pa lokal, tanpri ekri vil, eta (Hospital. If not local please list city,state)	Gwosès oswa konplikasyon akouchman (Pregnancy or delivery complications)	Pwoblèm ak sante timoun lè li fèt oswa depi li fèt. (Problem with child's health at or since birth)	Anplwaye sèlman FOB (Staff only: FOB)
<i>Egzanp (Example):</i>	<i>E/20</i>	<i>38</i>	<i>M</i>	<i>8 liv 5 oz.</i>	<i>Sezaryèn</i>	<i>Pa dilate</i>	<i>HealthPark</i>	<i>Dyabèt Jestasyonèl</i>	<i>Inite Swen entansif bebe yo (NICU) pou pwoblèm pou l respire</i>	
1			M / F							
2			M / F							
3			M / F							
4			M / F							
5			M / F							
6			M / F							
7			M / F							
8			M / F							
9			M / F							
10			M / F							

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KONPLIKASYON ISTWA JINEKOLÒJIK YO

(Obstetric History Complications)

Si ou potko note nan paj anvan an, èske ou te gen nenpòt nan konplikasyon ki anba yo pou nenpòt nan gwosès ou yo? Si wi, tanpri ekri ki gwosès/gwosès yo ke w ap pale de li a epi eksplike (If not already noted on the previous page, did you have any of the complications below for any of your pregnancies? If yes, please note which pregnancy/pregnancies you are referring to and explain):

Tansyon wo (High blood pressure)	<input type="checkbox"/> Non (No)	<input type="checkbox"/> Wi (Yes)	
Dyabèt (Diabetes)	<input type="checkbox"/> Non	<input type="checkbox"/> Wi	
Boul nan san (yo) (Blood clots)	<input type="checkbox"/> Non	<input type="checkbox"/> Wi	
Fèt tou mouri (Stillbirth)	<input type="checkbox"/> Non	<input type="checkbox"/> Wi	
Makwosomi/gwo ti bebe (Macrosomia)	<input type="checkbox"/> Non	<input type="checkbox"/> Wi	
Restriksyon sou kwasans/bebe piti (Growth Restriction)	<input type="checkbox"/> Non	<input type="checkbox"/> Wi	
Kòl matris kout/Sèklaj (Short cervix/cerclage)	<input type="checkbox"/> Non	<input type="checkbox"/> Wi	
Likid Amnyotik ba (Oligohydramnios)	<input type="checkbox"/> Non	<input type="checkbox"/> Wi	
Likid Amnyotik wo (Polyhydramnios)	<input type="checkbox"/> Non	<input type="checkbox"/> Wi	
Tranchman prematire oswa akouchman (Preterm labor or delivery)	<input type="checkbox"/> Non	<input type="checkbox"/> Wi	
Entèn lopital pandan gwosès la (Hospitalization during pregnancy)	<input type="checkbox"/> Non	<input type="checkbox"/> Wi	
Lòt (Other)	<input type="checkbox"/> Non	<input type="checkbox"/> Wi	
Lòt (Other)	<input type="checkbox"/> Non	<input type="checkbox"/> Wi	

ALÈJI

(Allergies)

Èske w gen nenpòt medikaman oswa lòt alèji (Do you have any medication or other allergies)? Non (No) Wi (Yes)

MEDIKAMAN / LÒT (Medication/Other)	REYAKSYON ALÈJIK (Allergic Reaction) (Egz: gratèl, difikilte pou respire, anflamasyon)(Ex: rash, difficulty breathing, swelling)

MEDIKAMAN

(Medications)

Ekri tout preskripsyon, vitamin, sipleman, remèd fèy, ak nenpòt medikaman san preskripsyon w ap pran, oswa si ou asent, medikaman ke w ap pran depi lè ou te vin asent. (List all prescriptions, vitamins, supplements, herbs, and any over the counter medications you are taking, or if pregnant, that you have taken since becoming pregnant).

MEDIKAMAN (Medication)	DÒZ/FREKANS (Dose/Frequency)

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ISTWA JINEKOLOJIK

(Gynecologic History)

Dilatasyon ak Kourtaj (Dilatation and Curettage) Non(No) Wi(Yes), Dat(Date): _____

LEEP Non(No) Wi(Yes) **Dat (yo) (Date):** _____

Biopsi kòn (Cone Biopsy) Non (No) Wi (Yes) **Dat (yo) (Date):** _____

Klamidyà (Chlamydia) Non (No) Wi (Yes) **Dat (yo) (Date):** _____

Chòdpis (Gonorrhea) Non (No) Wi (Yes) **Dat (yo)(Date):** _____

Sifilis (Syphilis) Non (No) Wi (Yes) **Dat (yo)(Date):** _____

Èpès(Herpes) Non (No) Wi (Yes) **Dat (yo)(Date):** _____

ISTWA MEDIKAL

(Medical History)

MALADI (Condition)	NON (No)	WI (Yes)	ANE DYANOSTIK (Year Diagnosed)	KÒMANTÈ YO (Comments)
Anemi (Anemia)				
Atrit (Arthritis)				
Opresyon (Asthma)				
Pwoblèm Do (Back problems)				
Boul nan san (DVT, anbolon poumon) (Blood clots, DVT, Pulmonary embolus)				
Transfizyon san (Blood transfusion)				
Kansè (Cancer)				
Dyabèt (Diabetes)				
Pwoblèm kè/bri nan kè (Heart problems/murmurs)				
Epatit oswa maladi fwa (Hepatitis or liver disease)				
Tansyon wo (High blood pressure)				
Maladi ren, enfeksyon nan kanal pipi(UTI) tanzantan (Kidney disease/recurrent UTI)				
Lupus oswa lòt maladi otoiminitè (tanpri presize) (Lupus or other autoimmune disorder, please specify)				
Migrèn, kriz epilepsi oswa lòt kondisyon newolojik (Migraines, seizures or other neurologic conditions)				
Mas ovè, kis, time (Ovarian mass, cyst, tumors)				
PCOS (sendwòm ovè polikistik) (PCOS)				
Pwoblèm tiwoyid/mas/retire (tanpri presize "hypo" oswa "hyper") (Thyroid problems/mass/removal. Please specify "hypo" or "hyper")				
Pwoblèm matris (fibwòm/fòm ki pa nòmal/ lòt-tanpri presize) (Uterine problems: fibroid/abnormal shape/other)				
Lòt (other)				
Lòt (other)				

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ISTWA CHIRIJIKAL

(Surgical History)

Tanpri bay enfòmasyon pou nenpòt ki operasyon ou te fè (Please provide information for any surgeries you have had):

CHIRIJI (Surgery)	ANE (Date)	KÒMANTÈ YO (Comments)

ISTWA SANTE SIKATRIK/MANTAL

(Psychiatric/Mental Health History)

Èske nan tan pase oswa aktyèl ou te gen nenpòt maladi li ki nan lis anba a?

Non (No) Wi (Yes) (Si "wi" tanpri bay detay)

[Do you have a past or current history of any of the conditions listed below? (If "yes" please give details)]:

MALADI (Condition)	DAT DYANOSTIK (Date Diagnosed)	KÒMANTÈ YO (Comments)
Enkyetid (Anxiety)		
Bipolè (Bipolar)		
Depresyon (Depression)		
Depresyon apre akouchman (Postpartum Depression)		
Lòt (Other)		
Lòt (Other)		

ISTWA SOSYAL

(Social History)

Sitiyasyon sivil (Marital status): Marye (Married) Ansanm ak papa ti bebe (Living with FOB) Selibatè (Single)

Okipasyon (Occupation): _____ Orè pou chak semèn (Hours per week): _____

POS (Shift): (tanpri antoure) lajounen(day)/aswè(evening)/lannwit(night)

Relijyon (Religion): _____

Itilizasyon tabak (Tobacco use) : Non(no) Wi(Yes) Konbyen(How much)/konbyen fwa(How often) _____

Anvan sa (former) Ki lè ou te sispann (When did you quit)? _____

Itilizasyon alkòl (Alcohol use) : Non(no) Wi(Yes) Ki kantite(How much)/konbyen fwa(How often) _____

Anvan sa (Former) Ki lè ou te kite (When did you quit)? _____

Dwòg Nan lari, swa kounye a oswa nan tan lontan an (Street drugs, either now or in the past): Non(no) Wi(Yes):

Lis/non medikaman (yo) (List/name drug(s): _____

Èske w ap pran kounye a metadòn, Suboxone oswa Subutex (Are you currently taking methadone, Suboxone or Subutex ?

Non(no) Wi(Yes) Si se "wi" sa a (If "yes" is this) preskri (Prescribed) nan lari (Off the street)

Si ou te konn fè sa anvan, ki lè ou sispann (If former when did you quit? _____

Èske ou aktyèlman oswa èske ou te nan yon sitiyasyon vyolans domestic (Are you currently or have you been in a

domestic violence situation)? Non(No) Wi(Yes) Si "wi", tanpri eksplike (If "yes", please explain):

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ISTWA PAPA BEBE A

(Father of Baby History)

Tanpri bay enfòmasyon sa yo konsènan papa bebe a pou gwosès sa a

(Please provide the following information regarding the father of this baby for this pregnancy):

Non (Name): _____ Laj (Age) : _____

Okipasyon (Occupation) : _____

Nenpòt pwoblèm sante, swa depi nesans oswa kwonik (Any health problems, either from birth or chronic): _____

Si papa bebe a gen timoun nan yon relasyon anvan, tanpri sonje si nenpòt nan yo te fèt ak nenpòt pwoblèm sante oswa te gen nenpòt pwoblèm sante grav depi nesans (If father of baby has children from a previous relationship, please note if any were born with any health problems or have had any serious health problems since birth):

DESANDANS

(Ancestry)

<p>TANPRI ENDIKE ENFÒMASYON SOU DESANDANS: Si gwosès sa enplike swa yon ze donatè oswa espèm donatè epi ou konnen enfòmasyon sa a, tanpri ekri li oswa otremman kite li vid [Please indicate ancestry information (Note: If this pregnancy involves either a donor egg or donor sperm and you know this information, please enter it, or otherwise leave it blank)]</p>	
<input type="checkbox"/> TÈT OU (Yourself)	<input type="checkbox"/> PAPA BEBE A (Father of baby)
<input type="checkbox"/> ZE DONATÈ (Donor Egg)	<input type="checkbox"/> DONATÈ ESPÈM (Donor Sperm)
<input type="checkbox"/> Blan (White)	<input type="checkbox"/> Blan (White)
<input type="checkbox"/> Nwa/Ameriken Afriken (Black/African American)	<input type="checkbox"/> Nwa/Ameriken Afriken (Black/African American)
<input type="checkbox"/> Panyòl (Hispanic)	<input type="checkbox"/> Panyòl (Hispanic)
<input type="checkbox"/> Italyen/Grèk/Mediterane (Italian/Greek/Mediterranean)	<input type="checkbox"/> Italyen/Grèk/Mediterane (Italian/Greek/Mediterranean)
<input type="checkbox"/> Jwif (Jewish)	<input type="checkbox"/> Jwif (Jewish)
<input type="checkbox"/> Fransè Kanadyen (French Canadian)	<input type="checkbox"/> Fransè Kanadyen (French Canadian)
<input type="checkbox"/> Cajun (Cajun)	<input type="checkbox"/> Cajun (Cajun)
<input type="checkbox"/> Azyatik (Asian)	<input type="checkbox"/> Azyatik (Asian)
<input type="checkbox"/> Ameriken (Nò/Santral/Sid) Endyen/Alaska Natif natal American (North/Central/South) Indian/Alaskan Native	<input type="checkbox"/> Ameriken (Nò/Santral/Sid) Endyen/Alaska Natif natal American (North/Central/South) Indian/Alaskan Native
<input type="checkbox"/> Natif Natal Awayi / Pasifik (Native Hawaiian/Pacific Islander)	<input type="checkbox"/> Natif Natal Awayi / Pasifik (Native Hawaiian/Pacific Islander)
<input type="checkbox"/> Melanje (Mixed)	<input type="checkbox"/> Melanje (Mixed)
<input type="checkbox"/> Enkoni (Unknown)	<input type="checkbox"/> Enkoni (Unknown)

Èske ou menm ak papa bebe a soti nan menm ras (egzanp: kouzen)

(Are you and the father of the baby related by blood (ex: cousins))

Non (No) Wi (Yes) : _____

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ISTWA GENETIK / FANMI
(Genetic/Family History)

Tanpri sonje si **ou menm, papa bebe a, timoun(menm si yo soti nan yon relasyon anvan), manman, papa, frè, sè, nyès, neve, oswa premye kouzen** gen nenpòt nan bagay 7onate. Sa sèlman aplike ak moun (yo) ki nan menm ras avè w. Si gwosès sa te ilitize yon ze 7onate oswa espèm 7onate, tanpri endike enfòmasyon sa si w konnen l.

[Please note if you, the father of the baby, children (even if from a previous relationship), mother, father, brothers, sisters, nieces, nephews, or first cousins have any of the following. This only applies to person(s) related to you by blood. If pregnancy involved use of a donor egg or donor sperm, please indicate this information if known].

Maladi (Condition)	Moun ki afekte (yo) (Affected individuals)	Maladi (Condition)	Moun ki afekte (yo) (Affected individuals)
Defo nan mi vant (Abdominal wall defect)		Maladi Huntington (Huntington's Disease)	
Otis/Frajil X (Autism/Fragile X)		Idwosefali (Hydrocephalus)	
Domaj nesans (Birth defects)		Andikap Entelekyèl (Intellectual Disability)	
Avèg (Blindness)		Lanmò Tibebe/Timoun (Infant/Childhood Death)	
Maladi kayo san/Konjesyon Serebral (Blood clotting disorder/Stroke)		Pwoblèm ren (Kidney Problems)	
Kansè (Cancer)		Distwofi Miskilè (Muscular Dystrophy)	
Po Bouch Fann/palèt (Cleft Lip/Palate)		Maladi Falsifòm/Trè (Sickle Cell Disease/Trait)	
Defo Konjenital Kè (Congenital Heart Defect)		Epinyè Atwofi Miskilè (SMA) (Spinal Muscular Atrophy/SMA)	
Fibwoz Sistik (Cystic Fibrosis)		Spina Bifida/Ansefali (Spina Bifida/Anencephaly)	
Soud (Deafness)		Maladi Tay Sachs (Tay Sachs)	
Dyabèt (Diabetes)		Talasemi (Thalassemia)	
Mongol (Down Syndrome)		Pwoblèm Tiwoyid (Thyroid problems)	
Rasi/Maladi Eskèlèt (Dwarfism/Skeletal Disorder)		Lòt (Other)	
Pwoblèm Kè (Heart Problems)		Lòt (Other)	
Emofili/Pwoblèm senyen (Hemophilia/Bleeding problems)		Lòt (Other)	

Pasyanoswa siyati repozantan (Patient or Representative Signature : _____)

Dat Jodi a (Today's Date): ____ / ____ / ____

Not Founisè
 (Provider Notes)
