



**Mount  
Sinai**

**DOCTORS ROUTINE ANATOMY SCAN MEDICAL  
HISTORY FORM**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please check the following pertinent information:

**OBGYN HISTORY**

- abnormal Pap
- LEEP
- Cone biopsy
- Miscarriage
- Preterm Delivery
- Preterm Labor
- Full Term Delivery
- Prior Cesarean Section
- Gestational Diabetes in Prior Pregnancy
- Stillbirth
- Intrauterine Death (>22 weeks)
- Recurrent Abortion

**MEDICAL HISTORY**

- Congenital Heart Defect
- Other Cardiac Disease
- Renal Disease
- Hypertension
- Pre-Gestational Diabetes
- Gestational Diabetes
- Liver Disease
- Hypothyroid
- Hyperthyroid
- Autoimmune Disorder (please specify)
- Deep Vein Thrombosis/Pulmonary Embolus

- Antiphospholipid Antibody Syndrome
- Asthma
- Seizure disorder
- Other (please specify)

**FAMILY HISTORY**

- Mental Retardation
- Chromosomal Abnormality
- Congenital Heart Defect
- Neural Tube Defect
- Other Genetic Disorder (please specify)

**CURRENT PREGNANCY**

- Bleeding/Spotting 1<sup>st</sup> Trimester **640.03**
- Bleeding/Spotting 2<sup>nd</sup> trimester **641.93**
- Had a Subchorionic Hematoma **656.83**
- Cervical Shortening **647.73**
- Cerclage **654.53**
- Abdominal Cramping **789.00**
- Abnormal 1<sup>st</sup> or 2<sup>nd</sup> Trimester Down syndrome Screen
- Had CVS or Amniocentesis this Pregnancy **659.63**
- Fibroid Uterus **654.13**
- Lupus **710.1**
- Crohn's Disease **555.9**

LIST ANY OTHER RELEVANT INFORMATION:

Please Sign Below: I understand an ultrasound examination cannot rule out all anatomic abnormalities or genetic syndromes

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date