LOUISIANA WOMEN'S Healthcare | Ochsner

500 RUE DE LA VIE, SUITE 100 • BATON ROUGE, LOUISIANA 70817 • 225-201-2000

Pat. Name _____

Date of Birth _____

Patient I.D. _____

Physician _____

AFFIX LABEL HERE

PREGNANCY QUESTIONNAIRE

Date	Age	Race

Contact Number	Primary Language	Irregular Periods ☐ Yes ☐ No	Date of Last Period	Date of Last PAP

*** PLEASE ANSWER OR CHECK NONE BOX**

* Drug Allergies ☐ **NONE**

* Current Medications ☐ **NONE**

* Past Surgeries ☐ **NONE**

* Medical Problems ☐ **NONE**

Family History

WHO IN YOUR FAMILY (Living or Deceased) HAS OR HAS HAD THE FOLLOWING ILLNESSES OR MEDICAL CONDITIONS

	Mother	Father	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Breast Cancer	☐	☐	☐	☐	☐	☐
Ovarian Cancer	☐	☐	☐	☐	☐	☐
Uterine Cancer	☐	☐	☐	☐	☐	☐
Other Female Cancer	☐	☐	☐	☐	☐	☐
Colon Cancer	☐	☐	☐	☐	☐	☐
Birth Defects	☐	☐	☐	☐	☐	☐
Sickle Cell Anemia	☐	☐	☐	☐	☐	☐
Mental Retardation	☐	☐	☐	☐	☐	☐

	Mother	Father	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Diabetes	☐	☐	☐	☐	☐	☐
Epilepsy	☐	☐	☐	☐	☐	☐
Heart Disease	☐	☐	☐	☐	☐	☐
High Blood Pressure	☐	☐	☐	☐	☐	☐
Mental Illness	☐	☐	☐	☐	☐	☐
TB (Tuberculosis)	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐
List Other:						

Screening Questions

CHECK ONE Y=Yes N=No

☐ Y ☐ N 1. Do you smoke or live with someone who smokes?

☐ Y ☐ N 2. Are there any cats in the home?

☐ Y ☐ N 3. Do you work in close contact with children?

☐ Y ☐ N 4. Are you or the father of the baby of Jewish ancestry?

☐ Y ☐ N 5. Do you have any work/environmental exposure concerns?

☐ Y ☐ N 6. Do you have any concerns about domestic violence?

☐ Y ☐ N 7. Have you taken any medications other than prenatal vitamins since your last menstrual period?

Medical History

☐ Y ☐ N 1. Do you have a seizure disorder?

☐ Y ☐ N 2. Do you have any history of metabolic disorders *(i.e. diabetes, insulin resistance or thyroid problems)*?

☐ Y ☐ N 3. Have you ever had a blood clot in your legs or chest?

☐ Y ☐ N 4. Have you ever had a mental health diagnosis?

☐ Y ☐ N 5. Do you have any history of alcohol or drug abuse?

☐ Y ☐ N 6. Do you have any chronic medical problems *(i.e. high blood pressure, asthma, hepatitis, heart disease)*?

Other:_____

OVER

Infection Screening

Check one Y=Yes	N=No	
Y	N	1. Have you ever had chicken pox or varicella vaccine?
Y	N	2. Is there any exposure to tuberculosis (TB)?
Y	N	3. Do you have any history of sexually transmitted diseases (STD) exposure?
Y	N	4. Do you or your partner have a history of genital herpes?

Genetic Screening *(Includes patient, baby's father and anyone in either family)*

Check one Y=Yes	N=No		Check one Y=Yes	N=No	
Y	N	1. Thalassemia	Y	N	8. Hemophilia or blood disorder
Y	N	2. Neural tube defect	Y	N	9. Muscular dystrophy
Y	N	3. Congenital heart defect	Y	N	10. Cystic fibrosis
Y	N	4. Down syndrome	Y	N	11. Huntington's chorea
Y	N	5. Tay-Sachs	Y	N	12. Mental handicap
Y	N	6. Canavan's disease	Y	N	13. Other chromosomal disorder
Y	N	7. Sickle cell disease or trait	Y	N	14. Other birth defect

Pregnancy Summary

_____ # of pregnancies
_____ # of full term
_____ # of premature
_____ # of miscarriages
_____ # of abortions
_____ # of ectopic/tubal
_____ # of twins/multiples
_____ # of living children

Date of Delivery	Weeks at Time of Delivery	Hours of Labor	Birth Weight	Sex of Child	Type of Delivery	Epidural / Anesthesia	Doctor's Name

History of Pregnancy Complications

Check one Y=Yes	N=No	
Y	N	1. Any history of recurrent miscarriages, a stillbirth or a placental abruption?
Y	N	2. Any history of preterm labor or contractions?
Y	N	3. Any history of preterm delivery <37 weeks or water breaking?
Y	N	4. Any history of a baby that weighed less than 5 1/2 pounds?
Y	N	5. Any history of twins, triplets, or quads?
Y	N	6. Any history of high blood pressure with pregnancy?
Y	N	7. Any history of diabetes with pregnancy?
Y	N	8. Any history of an ectopic/tubal pregnancy?

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Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your rights by contacting the LWH Privacy Officer at 225-201-2000.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices:

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures:

We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We can share health information about you for certain situations such as: Preventing disease / Helping with product recalls / Reporting adverse reactions to medications /Reporting suspected abuse, neglect, or domestic violence and preventing or reducing a serious threat to anyone's health or safety

Do research- We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests -We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice - We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.