

Identificatieklever



**Prenatal questionnaire**

Congratulations on your pregnancy.  
 Please complete the following questionnaire in the waiting room. This will streamline the consultation process, allowing us to focus more on your questions.

**Date of your last menstrual period:** ..... **Weight:** ..... **BP:** .....

**Have you been pregnant before?**       Yes       No

**If yes, please provide details of any previous pregnancies:**

Birth date	Gestational age	Type of delivery: spontaneous, vacuum-assisted, caesarean section	Baby's gender	Birth weight baby	Location birth

**Have you ever had surgery?** This includes weight loss surgery, plastic surgery and gynaecological procedures such as curettage.       No       Yes  
 If yes, please specify the type(s) of surgery?

.....

**Do you have or did you have one of the following conditions?**

- Asthma
- Diabetes
- Hypertension (high blood pressure)
- Thyroid disorders
- Epilepsy
- Other conditions: .....
- Trombosis
- Heart problems
- Kidney disease
- Cancer
- Metabolic diseases

**Have you experienced any mental health problems?**

- No mental health problems
- Depression
- Burnout
- Other: .....
- Anxiety disorder
- Eating disorder
- Bipolar disorder

**Are you allergic to any medications, adhesive plasters or disinfectants? If yes, please specify.**      No             Yes: .....

**Are you currently taking any medication?**      No             Yes: .....

**Do you smoke or use drugs/alcohol?**      No             Yes: .....

**Do any of the following conditions occur in your family or your partner's family?**

- Diabetes
- Gestational diabetes
- Hypertension (high blood pressure)
- Pre-eclampsia or HELLP syndrome ("pregnancy toxicosis")
- Birth defects: .....
- Hereditary forms of cancer: .....
- Thrombosis
- Blood disorders (sickle cell anaemia, thalassaemia, haemophilia)
- Epilepsy
- Muscular disorders
- Stillbirth
- Recurrent miscarriages ( more than 2 miscarriages)
- Other hereditary conditions: .....

**What is your occupation?:** .....

**Marital status: Are you**      married             living together             single

**Pre-pregnancy weight?** ..... kg

**Height?** ..... cm

**Contact phone number:** .....

**Pregnancy follow-up preference?**

- Joint follow-up with the general practitioner: consultations with the GP at 16 weeks, 25 weeks and 33 weeks, with additional ultrasounds at the hospital
- Full follow-up at the hospital: During pregnancy, only 3 ultrasounds are reimbursed by the health insurance. Additional ultrasounds may incur extra charges for this extra care. For a detailed cost estimate, you can contact the administration service.

In both follow-up trajectories, we schedule a prenatal consultation with the midwife, during which all aspects of your well-being and pregnancy (medical, psychological, social) are discussed (see brochure Born in Belgium).

**Signature for approval**