

Obstetric Questionnaire

Personal Particulars

Name: (Mr, Mrs, Ms, Miss, Other _____) First: _____ Last: _____
Home/Postal Address: _____
Suburb: _____ Postcode: _____ Date of Birth: _____
Home Phone: _____ Work Phone: _____ Mobile: _____
Your Occupation: _____ Employer: _____ Marital Status: _____
Partner's Name: _____ Partner's DOB: _____ Partners Mobile: _____
Partner's Occupation: _____ Partner's Employer: _____

Obstetric information

The first date of your last period? : / / Estimated Due Date : / /

Chosen Hospital

- Calvary Hospital - North Adelaide Lyell McEwin Hospital - Elizabeth

Past pregnancy information

Use * to indicate sensitive information not recorded here. Age ____ Gravidity ____ Parity ____

*	Date	Place	Gestation	Labour, birth & postnatal details	Birth Weight	Gender	Feeding Type & Duration	Babys Name

Medical History

- Deep venous thrombosis Diabetes Epilepsy
 Gynaecological problems Heart disease High blood pressure
 Kidney Disease Asthma/respiratory disease Thyroid disorders
 Alcohol (drinks per week) Smoking (number per day) Illicit drug use

Please continue...

Obstetric Questionnaire

CARMEL COCCHIARO

OBSTETRICIAN & GYNAECOLOGIST

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Medication history (including over the counter)

Medications	Dose	Frequency	Cessation

Allergies (detail all including reactions to medication)

Allergies

Surgical history

Anaesthetic history

Previous anaesthetic problems
Dental health & jaw problems
Back problems
Blood transfusion
Other

Psycho - Social History

- Anxiety/depression
- Emotional issues
- Relationship issues
- Financial issues
- Postnatal depression
- Major stressors, life changes or losses
- Contact with Families SA
- Other
- Other psychiatric disorders
- Mental health problems
- Accommodation issues

Family History

Diabetes _____

Heart Disease _____

High Blood Pressure _____

Genetic Disorders / Congenital Abnormalities _____

Other _____

Please tell us the reason/s for your visit: _____

How did you find out about Dr. Carmel Cocchiaro? _____

This information is strictly confidential, once entered into your file, this document will be destroyed.