

AvMed's Healthy Expectations Program

Pregnancy Questionnaire

Name: _____ Member ID #: _____

Obstetrician: _____ Today's Date: _____

Please take a moment to answer the following questions and return the questionnaire in the enclosed self-addressed envelope to AvMed's Healthy Expectations program. All information is kept confidential. If you are no longer pregnant, please let us know by calling **1-800-972-8633 (option 2)** so that you do not continue to receive materials or follow-up calls.

1. When is your baby due? Date: ___/___/___
2. If you do not know your due date, what was the 1st day of your last menstrual period? Date: ___/___/___
3. How many pregnancies have you had, including your current pregnancy? _____
4. What is your current age? _____ Weight: _____ Pre-pregnancy weight: _____ Height: _____
5. Do you have a history of any of the following conditions with a *previous* pregnancy? (Please check all that apply).
 - Premature labor with delivery prior to 37 weeks
 - Excessive vomiting requiring medication and/or hospitalization
 - Other _____
 - Diabetes
 - High blood pressure
6. Are you experiencing any of the following conditions with your *current* pregnancy? (Please check all that apply).
 - Excessive vomiting with weight loss requiring medication or hospitalization
 - Gestational diabetes
 - Other _____
 - Incompetent cervix
 - High blood pressure
 - Premature labor
7. Do you have any chronic medical conditions(s)? Yes (Please list them) No
 1. _____
 2. _____
 3. _____
 4. _____
8. Are you taking any medications other than prenatal vitamins? Yes (Please list them) No
 1. _____
 2. _____
 3. _____
 4. _____
9. Are you expecting more than one baby?
 - Yes How many? _____
 - No



10. Have you been hospitalized, evaluated in the emergency room or labor room & delivery unit with your current pregnancy?

Yes Reason for visit _____ No

11. Are you currently, or have you ever been, managed by a perinatologist (high-risk OB doctor)?

Yes Reason for visit _____ No

12. What is the best time for a program coordinator to contact you? _____

13. May we contact you at your place of employment? Yes No

Please provide the following information:

Home phone: _____ Work phone: _____ Cell phone: _____

Address: _____ City: _____ Zip: _____

HIPAA Disclosure Authorization

I authorize AvMed's representatives to discuss and/or disclose personal health information in the coordination of my care to the following individual(s) listed below should I not be available.

I do not authorize my pregnancy to be discussed with anyone other than myself.

Name: _____

Relationship: _____

Telephone: _____

Name: _____

Relationship: _____

Telephone: _____

Name: _____

Relationship: _____

Telephone: _____

Thank you for completing the questionnaire and returning it to AvMed's Healthy Expectations program.



Embrace better health.