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# PREGNANCY QUESTIONNAIRE FOR HARROGATE HOSPITAL

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| **Your Details** |
| TITLE: Mrs / Miss / M s/ Other | Previous Name(s) |
| Surname | Forename(s) |
| Address |
| Telephone: Home | Work | MobileAre you happy to be contacted by text? YES/NO |
| EmailAre you happy to be contacted by email? YES/NO |
| DOB | Age | Religion | Ethnic Origin |
| GP Surgery |
| Will you require a translator at your booking appointment? YES/NO |

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| **Next of Kin** |
| Surname | Forename(s) |
| Relationship (e.g. Husband, partner etc) | DOB: |
| Address if different from above |
| Telephone: Home | Work  | Mobile |
| Occupation: | Ethnic Origin: |

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| **Personal Details** |
| HeightTo be completed bymidwife at booking | WeightTo be completed by midwife at booking | Last form of Contraception: |
| 1st day of last period | Are your periods regular? YES/NO |
| Have you ever smoked? YES/NO | Do you still smoke? YES/NO |
| Have you stopped in the last 12 months? YES/NO | Does your partner smoke? YES/NO |
| Does anyone smoke in your household? YES/NO | Do you drink alcohol? YES/NO |
| Do you take any drugs prescription/over the counter medication? YES/NO | If YES what do you take? |
| Do you take any recreational drugs or non-prescribed drugs? (e.g. street drugs, gas, glue or illegal highs) YES/ NO | If YES what do you take? |
| **Personal History** |
|  | **NO** | **YES** | **COMMENTS/DETAILS** |
| Admission to ITU/HDU |  |  |  |
| Admission to Hospital in last 12 months |  |  |  |
| Anaesthetic Problems |  |  |  |
| Allergies (inc. Latex) |  |  |  |
| Asthma/ Chest Problems |  |  |  |
| Back Problems |  |  |  |
| Blood Disorder |  |  |  |
| Blood Transfusion |  |  |  |
| Cancer |  |  |  |
| Cervical Smear |  |  | Date taken: Result: |
| Chicken Pox (varicella)  |  |  | Age when had: |
| Diabetes |  |  |  |
| Epilepsy or Neurological problem |  |  |  |
| Exposure to toxic substances |  |  |  |
| Infertility Problems |  |  |  |
| Female Circumcision |  |  |  |
| Gastro – intestinal problems e.g. Crohns |  |  |  |
| Genital infections e.g. Chlamydia, herpes |  |  |  |
| Gynaecological problems/operations |  |  |  |
| Heart Problems |  |  |  |
| High Blood Pressure |  |  |  |
| Incontinence (urinary or faecal)  |  |  |  |
| Infections (MRSA, GBS) |  |  |  |
| Kidney or Urinary Problems |  |  |  |
| Liver Disease inc. Hepatitis  |  |  |  |
| Mental Illness (past or present inc inpatient care) |  |  |  |
| Migraine or severe headache |  |  |  |
| Musculo – skeletal problems |  |  |  |
| Operations |  |  |  |
| Pelvic Injuries |  |  |  |
| Pregnancy Problems (HELLP or Choleostasis) |  |  |  |
| Sickle Cell or Thalassemia |  |  |  |
| Exposure to TB |  |  |  |
| Thrombosis (blood clots) |  |  |  |
| Thyroid problems |  |  |  |
| Other (provide details) |  |  |  |
| Medication in the last 12 months |  |  |  |
| Folic acid tablets |  |  | Start Date Dose |
| Vitamin D |  |  | Start Date |
| Vaginal Bleeding/Seen in EPAU in this pregnancy |  |  |  |

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| **Any Problems with** |
|  | **NO** | **YES** | **COMMENTS/DETAILS** |
| Communication |  |  |  |
| Interpreter required |  |  |  |
| Sight |  |  |  |
| Hearing |  |  |  |
| Mobility |  |  |  |

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| **Family History** |
|  | **Maternal (mother’s) family** | **Paternal (father’s) family** | **Comments** |
|  | **NO** | **YES** | **NO** | **YES** |  |
| Diabetes TYPE: |  |  |  |  |  |
| Thrombosis (blood clots) |  |  |  |  |  |
| High Blood Pressure/Eclampsia (fits in pregnancy) |  |  |  |  |  |
| Hip Problems form Birth |  |  |  |  |  |
| Still birth or Multiple Miscarriage |  |  |  |  |  |
| Hepatitis B |  |  |  |  |  |
| MCADD |  |  |  |  |  |
| Sudden Infant Death (Cot Death) |  |  |  |  |  |
| Learning Difficulties |  |  |  |  |  |
| Hearing Loss from Childhood |  |  |  |  |  |
| Heart Problems form Birth |  |  |  |  |  |
| Abnormalities Present from Birth |  |  |  |  |  |
| Mental Health Problems |  |  |  |  |  |
| Is your partner the baby’s father? | NO | YES |
| Is your baby’s father a blood relation? | NO | YES |
| Has anyone in your family had genetic counselling? | NO | YES |

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| **All Previous Pregnancies including Miscarriages** |
| **Date** | **Place** | **Weeks** | **Spontaneous or Induced** | **Delivery Type (normal, forceps, Caesarean)** | **Sex** | **Weight** | **Breast or Artificial Milk**  | **Name of Child** |
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| **Please use other side of paper if needed** |
| **Does baby’s father have any other children from previous relationships?** |
| **Child’s Date of Birth** | **Name of Child** |
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INFORMATION SHARING

Some of the information you provide for your handheld notes will be recorded electronically, this is to help your Health Professionals provide the best possible care.

The National Health Service (NHS) also wishes to collect some of this information about you and your baby, to help it to: Monitor health trends. Strive towards the highest standards. Increase our understanding of adverse outcomes. Make recommendations for improving maternity care.

The NHS has very strict confidentiality and data security procedures in place to ensure that personal information is not given to unauthorised persons. The data is recorded and identified by NHS number and your name and address is removed to safeguard confidentiality. Other information such as date of birth and postcode are included to help understand the influences of age and geography. In some cases, details of the care are looked at by independent experts working for the NHS, as part of special investigations (‘confidential enquires’), but only after the records have been completely anonymised. While it is important to collect data to improve the standard and quality of the care of all mothers and babies, you can ‘opt out’ and have information about you and your baby excluded. This will not in any way affect the standard of care you receive.

However your information will be shared with other agencies such as safeguarding teams, where there are concerns for you or your child’s safety. In these cases information will be shared without your consent.

SIGN TO CONSENT SIGN TO OPT OUT