

**Terry Allen MD & Scott Forrest MD, PLLC**  
**Pregnancy Medical Questionnaire**

Have you had a fever above 103 degrees during this pregnancy? \_\_\_\_\_

Have you been in any hot tubs, saunas, or steam baths during this pregnancy? \_\_\_\_\_

Do you own a cat? \_\_\_\_\_

Do you have a history of miscarriage after 12 weeks? \_\_\_\_\_

Do you have a history of preterm labor or preterm delivery (less than 37 weeks)? \_\_\_\_\_

Have you had cervical surgery or been diagnosed with a short or incompetent cervix? \_\_\_\_\_

Have you had uterine surgery or know of any abnormalities of your uterus? \_\_\_\_\_

Did your mother use DES when she was pregnant (before 1975) with you? \_\_\_\_\_

Do you or your partner have a history of Herpes or any other STDs? \_\_\_\_\_

Have you smoked cigarettes during this pregnancy? \_\_\_\_\_

Have you drunk alcohol during this pregnancy? \_\_\_\_\_

Have you used cocaine, marijuana or any non-prescription drugs during this pregnancy? \_\_\_\_\_

Have you ever been treated for depression? \_\_\_\_\_

Do you have a religious objection to receive a blood transfusion? \_\_\_\_\_

Please list all medications taken since your last menses:

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Please list any concerns you have about this pregnancy:

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Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

