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PRENATAL QUESTIONNAIRE PLEASE COMPLETE AND DO NOT LEAVE BLANKS

NAME: _____ DOB: _____
 ADDRESS: _____ CITY: _____ ZIP CODE: _____
 HM. PHONE #: _____ WK. PHONE #: _____
 FATHER OF BABY: _____ PHONE #: _____
 FIRST DAY OF YOUR LAST PERIOD: _____
 WAS THIS NORMAL? ____ YES ____ NO
 IF NO EXPLAIN: _____
 IS THIS YOUR FIRST PREGNANCY? ____ YES ____ NO

MISCARRIAGES (MO. / YEAR/ WEEKS GESTATION)

1.	3.
2.	4.

ABORTIONS (MO. / YEAR/ WEEKS GESTATION)

1.	3.
2.	4.

ECTOPICS (MO. / YEAR)

1.	
2.	

PRIOR PRAGNANCIES:

MO. / YEAR M/F WEIGHT DELIVERY ANESTHETIC LENGTH OF LABOR

1. _____ : _____ : ____ lb. ____ oz : vag/ c-section : _____ : _____ comments:
2. _____ : _____ : ____ lb. ____ oz : vag/ c-section : _____ : _____ comments
3. _____ : _____ : ____ lb. ____ oz : vag/ c-section : _____ : _____ comments
4. _____ : _____ : ____ lb. ____ oz : vag/ c-section : _____ : _____ comments
5. _____ : _____ : ____ lb. ____ oz : vag/ c-section : _____ : _____ comments
6. _____ : _____ : ____ lb. ____ oz : vag/ c-section : _____ : _____ comments
7. _____ : _____ : ____ lb. ____ oz : vag/ c-section : _____ : _____ comments
8. _____ : _____ : ____ lb. ____ oz : vag/ c-section : _____ : _____ comments
9. _____ : _____ : ____ lb. ____ oz : vag/ c-section : _____ : _____ comments
10. _____ : _____ : ____ lb. ____ oz : vag/ c-section : _____ : _____ comments

ARE YOU CURRENTLY TAKING PRENATAL VITAMINS? ____ YES ____ NO

IF YES WHICH TYPE? _____

HEIGHT: _____ PRE PREGNANCY WEIGHT: _____

ARE YOU ALLERGIC TO ANY MEDICATIONS? _____