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PRACTICE LIMITED TO CARDIOVASCULAR DISEASES IN THE FETUS, INFANTS, CHILDREN AND YOUNG ADULTS

## MEDICAL INFORMATION

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

Weeks Gestation \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE: \_\_\_\_\_

# of Pregnancies \_\_\_\_\_ Live Births \_\_\_\_\_ Premature \_\_\_\_\_ Miscarriage/Termination \_\_\_\_\_ Live \_\_\_\_\_

Due Date \_\_\_\_\_ Hospital of delivery \_\_\_\_\_

C/Sections \_\_\_\_\_ Normal Vaginal Deliveries \_\_\_\_\_ Blood Type \_\_\_\_\_

Obstetricians: \_\_\_\_\_

Perinatologist: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

### Maternal questions

YES

NO

Family history of CHD \_\_\_\_\_

Metabolic Disease \_\_\_\_\_

Teratogen exposure (Med, Viruses, X-ray) \_\_\_\_\_

Isoimmunization maternal RH disease \_\_\_\_\_

Exposure to prostaglandin synthase inhibitors \_\_\_\_\_

(ASA, ibuprofen, idometacin) \_\_\_\_\_

Rubella infection \_\_\_\_\_

Other infections (1<sup>st</sup> Trimester) \_\_\_\_\_

Autoimmune Disease (SLE, sjogren's) \_\_\_\_\_

Familiar Inherited disorders \_\_\_\_\_

(Ellisvancreveald, marfan, Noonan's) \_\_\_\_\_

In Vitro fertilization \_\_\_\_\_

### Fetal Indication

YES

NO

Extra cardiac Abnormality \_\_\_\_\_

Chromosomal abnormality \_\_\_\_\_

Did you do Amniocentesis, CVS, cellfree DNA \_\_\_\_\_

Arrhythmias \_\_\_\_\_

Hydrops \_\_\_\_\_

Increased 1<sup>st</sup> trimester nuchal translucency \_\_\_\_\_

Multiple gestation or suspicion of \_\_\_\_\_

twin-twin transfusion syndrome \_\_\_\_\_