

# Case History Questionnaire at First Presentation

<b>Personal details:</b>			
Name	First name		
Birth name	Date of birth		
Place of birth	Nationality		
Native language			
Marital status	Religion		
Occupation	Employer		
Working during pregnancy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you prohibited from employment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Since when?
Street, house number:			
Postcode, place of residence:			
Phone number:	Mobile:		
Email address:			
Specialist (gynaecologist):			
<b>Partner or contact in an emergency:</b>			
Name	First name		
Birth name	Date of birth		
Occupation	Mobile:		
<b>Health insurance details:</b>			

Name of health insurance company:		Insurance number:		
Private supplementary insurance:				
<b>Requests for accommodation during your stay with us:</b> <b>Please note that we can only fulfil wishes according to availability and additional payment!</b>				
<input type="checkbox"/> Single room (with statutory insurance € 91.90 per day)		<input type="checkbox"/> Double room (with statutory insurance € 40.45 per day)		
<input type="checkbox"/> Standard occupancy in triple room		<input type="checkbox"/> Family room (with statutory insurance € 124.00 per day)		
<b>Previous births:</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>
Year:				
Clinic:				
Pregnancy week:				
Type of birth: (e.g. normal birth, caesarean section, suction cup)				
Duration:				
Perineal injury:				
Complications:				
Sex:				
Weight:				
Development:				
Postpartum course:				
Breastfeeding: Yes / no				
Duration:				
Problems?				
<b>Previous pregnancies</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>

Year:				
Clinic:				
Pregnancy week:				
Miscarriages/ Abortion				
Scab/anaesthesia				
Abnormalities				

**Have there been any complications or risks during this pregnancy?**

<input type="checkbox"/> Urinary tract infection	<input type="checkbox"/> Fungal infection	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Premature contractions
<input type="checkbox"/> Gestational diabetes	<input type="checkbox"/> Dietary	<input type="checkbox"/> insulin administration	

Other problems:

**Were prenatal diagnostics performed during this pregnancy? If yes, which?**

<input type="checkbox"/> Neck wrinkle measurement	<input type="checkbox"/> Blood test (e.g. harmony or prenatal test)
<input type="checkbox"/> Amniocentesis	<input type="checkbox"/> Other...

**Own medical history:**

Height:		Weight before pregnancy:		Current weight:	
Do you smoke? No <input type="checkbox"/> Yes <input type="checkbox"/> How many cigarettes per day? _		Do you drink alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you take drugs? Yes <input type="checkbox"/>		Which ones?			
Do you take medication regularly (for example for your thyroid gland, but also pregnancy-specific medicines/vitamins such as magnesium or iron)?					
Do you have any known allergies/intolerances?					
Do you suffer from existing underlying diseases (short or					

long-sightedness, diabetes, thyroid disease, high blood pressure, blood/thrombotic tendency, lungs/respiratory tract (asthma)?					
Have you had surgery?	When	Clinic	What	Anaesthesia	Complications
1					
2					
3					
Do your close relatives (for example parents, grandparents or siblings) have chronic diseases requiring treatment (e.g. diabetes, high blood pressure, thromboses, coagulation disorders or disabilities)?					
Personal notes for orientation:					
Have you attended antenatal classes?					
Do you already have a midwife for the postpartum period?			Name:		
Who may accompany you during the birth?					
Name and phone number:					
The person accompanying you should leave the room for the following examinations/procedures:					
How do you imagine giving birth?					
Would you like us to place your child on your chest directly after birth?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Please ask at the time
The birth of the child is followed by the birth of the placenta. Have you referred to any wishes? (e.g. placenta globules, umbilical cord blood collection)					
How would you like your stay after the birth?			Outpatient birth	Normal stay (about 2-3 days, after caesarean section approx. 4-5 days)	

Do you wish to breastfeed your child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Only immediately after birth (first milk)
<p><b>You can express any other wishes we have not covered in the lines below. Is there something we should know about your habits? Is there anything else you are concerned about?</b></p>			
<p> </p>			
<p> </p>			
<p> </p>			

Thank you very much for your trust!