

VinCon Diagnostic Center 5732 Canton Cove, Winter Springs, FL 32708

Patient Name: _____ DOB: ____/____/____ Today's date: _____

PREGNANCY:

What was the first day of your last menstrual period? _____

Were your periods regular up to the pregnancy? No Yes

Any problems with your pregnancy? No Yes, please describe: _____

Are you a diabetic? No Yes _____

Do you have high blood pressure? No Yes

Are you RH incompatible? No Yes

Did you take fertility drugs? No Yes

How many pregnancies have you had? _____

Have you had an ectopic pregnancy? No Yes, If yes, where was the location of the pregnancy? _____

Have you had a miscarriage? No Yes _____

Have you had any pelvic surgery? No Yes _____

Have you had a C-section before? No Yes

Comments:

TECHNOLOGIST ONLY: _____

