

TAC/Laparoscopic Abdominal Cerclage Questionnaire

In order to prepare for your upcoming consult appointment please complete the following TAC/Laparoscopic Abdominal Cerclage questionnaire in the timeliest manner possible. Receipt of your information will be reviewed by Dr. Fogwell, and our staff will contact you to set a time for your consultation appointment and possible sonogram.

Prior to scheduling a consult appointment for the TAC/Laparoscopic Abdominal Cerclage we will need copies of the following records faxed to our office. Fax: 214-361-1927

- Obstetric records
- Prenatal records
- Maternal Fetal Medicine Consults
- Hospital records

Please note we do NOT recommend scheduling your surgery until 3 months after your last loss.

Please insert your answers below and return to this email address.

Name:	
Phone:	
Insurance name/ Member ID#/ Group ID#	

Historical Questions:

1. How many times have you been pregnant? _____

2. How many, if any, of these were carried to term (37 weeks gestation or greater)? _____

3. Have you had any vaginal deliveries? Circle Yes or No. (If Yes, answer questions below. If No, go to next question.)

- How far along were you when you delivered? _____
- Did you have painful contractions when you delivered? _____
- Have you had a vaginal cerclage placed? _____
- Were you ever pregnant with multiples? _____

4. Did you have any C-section deliveries? Circle Yes or No. (If Yes, answer questions below. If No, go to next question.)

- How far along were you when you delivered? _____
- Did you have painful contractions when you delivered? _____
- Have you had a vaginal cerclage placed? _____
- Were you ever pregnant with multiples? _____

5. Have you had any other pregnancy complications? Circle Yes or No. (If yes, please describe in detail.)

Describe:

6. Do you currently have any medical problems? Circle Yes or No. (If yes, please describe in detail.)

Describe:

7. Have you ever had any surgeries? Circle Yes or No. (If yes, please describe in detail.)

Describe:

8. Are you currently pregnant? Circle Yes or No.

- If yes, what was the date of your LMP (Last Menstrual Period): _____

9. List ALL medications are you currently taking?

10. Do you have any drug allergies? Circle Yes or No. If yes, please describe:

Describe:

Additional Notes or Comments:
