Center for Fetal Diagnosis and Therapy

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CHECKLIST PRELIMINARY EVALUATION FOR EVENTUAL FETAL SURGERY IN ZURICH

Please print, fill-out, then scan and send to one of the following persons:

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PD Dr. med. Ueli Möhrlen
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MATERNAL EVALUATION

Family Name: ……

First Name: ……

Date of Birth (min. 18 years): ……

Phone home: ……

Phone work: ……

Phone mobile: ……

Email: ……

Home address: ……

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Marital status: ……

Profession/education: ……

Health insurance: ……

Case Manager health insurance (name): ……

Contact details (email, phone no.): ……

Number of pregnancies: ……

Number of births: ……

Gestational age today (enter date): …….. = ……. + …….

Singleton/twins/triplets: ……

Prematurity (preterm births / short cervix <20mm, cervical banding):

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Pregnancy-associated conditions (gestational diabetes, eclampsia, maternal-fetal Rhesus-Isoimmunisation, Kell, alloimmun Thrombocytopenia):

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Uterus-associated conditions (myoma, malformations, hysterotomy in active uterine segments):

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Position of placenta (anterior / posterior / previa):

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Insertion of umbilical cord: ……

Amount of amniotic fluid (normal / polyhydramnios / oligohydramnios):

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Previous surgeries (problems?):

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Previous general anesthesias (problems?):

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Serious illness (HIV, hepatitis, hypertension, diabetes, cardiac disease, lung disease, brain disease, kidney disease):

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Body weight, body length, Body Mass Index: ……

Psychiatric disorders:

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Social problems:

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Drugs prescribed by physician:

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Smoking: ……

Alcohol: ……

Drug consumption: ……

FETAL EVALUATION

Myelomeningocele / Myeloschisis (upper level / lower level):

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Gibbus / kyphus / scoliosis / other vertebral malformation:

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Arnold Chiari Malformation II: ……

Other cerebral conditions: ……

Ventricular size: ……

Leg movements (hips, knees, ankles, toes):

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Talipes / clubfeet (other deformities): ……

Amniocentesis (karyotype): ……

UniversityHospital Zurich

UNIVERSITY CHILDREN'S HOSPITAL ZURICH

swiss fetus

Any other information you think is important for us to know?