

**The Zurich Center for Fetal Diagnosis and Therapy**

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## **CHECKLIST PRELIMINARY EVALUATION FOR EVENTUAL FETAL SURGERY IN ZURICH**

Please fill-out and send to the following office:

**Fetal surgery coordination:**

fetalsurgery@kispi.uzh.ch  
University Children's Hospital Zurich  
Lenggstrasse 30  
8008 Zurich  
Phone: +41 44 249 65 40  
www.swissfetus.ch

### **MATERNAL EVALUATION**

Family Name: .....

First Name: .....

Date of Birth (min. 18 years): .....

Phone home: .....

Phone work: .....

Phone mobile: .....

Email: .....

Home address: .....

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 (date = x weeks + x days): .....

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 anesthetics (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:

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Alcohol:

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Drug consumption:

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**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:

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Other cerebral conditions:

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Ventricular size:

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

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Talipes / clubfeet (other deformities):

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Amniocentesis (karyotype):

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