

Doctor Visit

9 – 13 Weeks

Physician or Midwife: _____ Second Exam: _____

Blood Pressure: _____ Changes? _____

Urine Sample: _____ Signs of Preeclampsia? _____

Weight: _____ Weight Gained: _____

Uterus Size: _____ Tested: ☐ Vaginally ☐ Belly ☐ Ultrasound

Nuchal Translucency Screening Test (NT Scan): _____

Risks for: ☐ Down Syndrome ☐ Chorionic Villus Sampling (CVS) ☐ Amniocentesis

Carrier Screening for Mother: _____ ☐ Blood ☐ Saliva

Carrier for: ☐ Cystic Fibrosis ☐ Sickle Cell Disease ☐ Thalassemia ☐ Tay-Sachs

Carrier Screening for Father: _____ ☐ Blood ☐ Saliva

Carrier for: ☐ Cystic Fibrosis ☐ Sickle Cell Disease ☐ Thalassemia ☐ Tay-Sachs

Treatment Plan: _____

Genetic Counselor: _____ Phone: _____

Tests Done

☐ Pelvic Exam Result: _____

☐ Breast Exam Result: _____

☐ Pap Smear Result: _____

☐ Ultrasound Result: _____

☐ Doppler Scan Result: _____

☐ Blood Test Result: _____

Things to Do

New Info: _____

Food to Eat: _____

Exercises to Do: _____

Warning Signs: _____

Questions for Next Appt. _____
