

PREECLAMPSIA QUESTIONNAIRE

VCOBGYN 2795 LOMA VISTA RD
VENTURA, CA 93003

Do you have any of these **HIGH-RISK** factors?

I had preeclampsia in a prior pregnancy.

I am having twins, triplets, or more.

I have high blood pressure.

I have diabetes (type 1 or 2).

I have kidney disease.

I have an autoimmune disorder
(lupus, antiphospholipid disorder)

IF YOU HAVE CIRCLED ONE OR MORE TALK TO YOUR DOCTOR ABOUT LOW-DOSE ASPRIN TO REDUCE RISK.

Do you have any of these **MODERATE-RISK** factors?

This will be my first child.

I will be 35 years or older when my baby is born.

I am obese [BMI is 30 or more]

This is an IVF pregnancy.

I am African American or have African or Afro-Caribbean ancestry.

My mother or sister had preeclampsia during pregnancy.

I have had a previous pregnancy and the most recent more than 10 years ago.

I had a previous child who weighed less than 5 ½ pounds at birth.

I have a challenging financial, social, or personal situation.

IF YOU HAVE CIRCLED TWO OR MORE TALK TO YOUR DOCTOR ABOUT LOW-DOSE ASPRIN TO REDUCE RISK.

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