



## Preeclampsia Risk Factors

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

What is your height: \_\_\_\_\_ Usual weight before pregnancy: \_\_\_\_\_

Have you been told you have or had any of the following:

- Yes  No Preeclampsia (“toxemia”) in a previous pregnancy
- Yes  No Twins or triplets in the current pregnancy
- Yes  No Hypertension (high blood pressure)
- Yes  No Diabetes mellitus (type 1 or type 2)
- Yes  No Kidney disease
- Yes  No Autoimmune disorder (lupus, rheumatoid arthritis, etc.)
- Yes  No Antiphospholipid or anticardiolipin syndrome
- Yes  No Did your mother or sister have preeclampsia (“toxemia”) during a pregnancy?
- Yes  No Are you 35 years old or older?
- Yes  No Did you weigh less than 5.5lbs (2.5kg) at birth?
- Yes  No Are you African or Afro-Caribbean ancestry?
- Yes  No Are you taking low-dose aspirin (81mg daily)?
- Yes  No Will this be your first child?

If you have previous children:

- Yes  No Is your youngest child 10 years old or older?
- Yes  No Any previous child weighing less than 5.5lbs (2.5kg) at birth?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

BMI \_\_\_\_\_ (Initials \_\_\_\_\_)

GA \_\_\_\_\_ wks.

- Recommend low dose aspirin.
- No recommendation
- Already on low-dose aspirin