

RISK FACTOR	PROGRESS NOTES <i>(Continued from page 2)</i>
<b>PATIENT PROFILE</b>	
AGE > 34 OR PREGNANCY WITHIN 2 YEARS OF MENARCHE	
OCCUPATION AND AVOCATION	
DRUG ABUSE OR ADDICTION	
ALCOHOL	
SMOKING	
COCAINE	
MARIJUANA	
NARCOTICS	
SEDATIVES/HYPNOTICS	
SALICYLATES AND OTHER PGSI'S	
METHAMPHETAMINE	
OTHER	
LOW SOCIO-ECONOMIC STATUS / WELFARE	
EDUCATION < 9TH GRADE	
CROWDED LIVING CONDITIONS	
DOMESTIC VIOLENCE	
NON-US ORIGIN / RECENT FOREIGN TRAVEL	
BODY HABITUS	
SMALL STATURE (< 5 FEET TALL)	
OBESE (> 50# OVER IDEAL WEIGHT FOR HEIGHT)	
UNDERWEIGHT (> 20# UNDER IDEAL WEIGHT FOR HEIGHT)	
MATERNAL BIRTHWEIGHT (LOW BIRTHWEIGHT OR LARGE FOR DATES)	
PARTNER	
MEDICAL OR SURGICAL DISORDERS	
DRUG, SMOKING OR ALCOHOL ABUSE	
OCCUPATION, AVOCATION, HOBBIES	
STD'S (HERPES, URETHRITIS)	
HIV RISK FACTORS	
<b>GYNECOLOGICAL HISTORY</b>	
UTERINE AND CERVICAL ABNORMALITIES	
PAST UTERINE SURGERY (NON-CESAREAN)	
UTERINE ANOMALIES (CONGENITAL ANOMALIES, DES STIGMATA, MYOMATA)	
CERVICAL LACERATIONS OR CONIZATIONS	
MENSTRUAL HISTORY AND GESTATIONAL DATING	
IRREGULAR MENSES OR OLIGOAMENORRHEA	
ORAL CONTRACEPTIVE USE PRIOR TO CONCEPTION	
<b>MEDICAL HISTORY</b>	
ANEMIA (HGB < 9.5 OR HCT < 30)	
HEART DISEASE (SYMPTOMATIC OR ASYMPTOMATIC)	
THROMBOEMBOLISM (DURING PREVIOUS PREGNANCY OR PRIOR TO CURRENT PREGNANCY)	
ANTICOAGULANT USE	
CHRONIC HYPERTENSION (BP > 140/90 AT FIRST PRENATAL VISIT)	
ASTHMA OR OTHER CHRONIC LUNG DISEASE	
SEIZURE DISORDER (WITH OR WITHOUT ANTICONVULSANT USE)	
DIABETES MELLITUS (GESTATIONAL OR PREGESTATIONAL)	
HEPATITIS	
HIV RISK FACTORS	
CHRONIC RENAL DISEASE (BUN > 20, CREATININE > 1.2 AT FIRST PRENATAL VISIT)	
PYELONEPHRITIS	
<b>OBSTETRICAL FACTORS</b>	
PARITY	
PRIMIGRAVIDA	
GRAND MULTIPARA (> 6)	
PAST PREGNANCIES	
RECURRENT PREGNANCY LOSS (> 3)	
PREMATURE BIRTH (< 37 WEEKS)	
PREMATURE RUPTURE OF MEMBRANES	
LOW BIRTH WEIGHT INFANT (BIRTHWEIGHT < 10TH PERCENTILE FOR DATES)	
LARGE FOR DATES INFANT (BIRTHWEIGHT > 90TH PERCENTILE FOR DATES)	
FETAL OR NEONATAL DEATH	
CONGENITAL ANOMALIES	
SURVIVING NEUROLOGICALLY IMPAIRED INFANT	
CERVICAL INCOMPETENCY	
MIDFORCEP OR DIFFICULT DELIVERY (E.G. SHOULDER DYSTOCIA)	
ABNORMAL LABOR (ARREST OR PROTRACTION DISORDER OF FIRST OR SECOND STAGE)	
ANTEPARTUM HEMORRHAGE (PLACENTAL ABRUPTION, PLACENTA PREVIA)	
BLEEDING PRIOR TO 20 WEEKS	
RH ISOIMMUNIZATION	
PREGNANCY INDUCED HYPERTENSION	
CESAREAN DELIVERY (LOW TRANSVERSE, LOW VERTICAL, CLASSICAL, UNKNOWN)	
INTERVAL FROM LAST DELIVERY < 12 MONTHS	
ANESTHESIA INTOLERANCE OR REACTIONS	
PP DEPRESSION	
<b>PRESENT PREGNANCY</b>	
EMOTIONAL STRESS	
POOR COMPLIANCE	
LATE REGISTRATION FOR CARE	
UNCERTAIN DATES	
FAILURE TO GAIN WEIGHT (< 1/2 # PER WEEK AFTER 12 WEEKS)	
EXCESSIVE WEIGHT GAIN (> 2 # PER WEEK AFTER 12 WEEKS)	
BLEEDING PRIOR TO 20 WEEKS	
LACK OF PREGNANCY NAUSEA AND VOMITING (MORNING SICKNESS)	
PLACENTAL ABRUPTION	
PLACENTA PREVIA	
OTHER VAGINAL BLEEDING	
PREMATURE RUPTURE OF MEMBRANES	
POLYHYDRAMNIOS OR OLIGOHYDRAMNIOS	
THREATENED PREMATURE LABOR	
GBS POSITIVE CULTURE/GBS BACTERIURIA	
PATIENT NAME	

RM 612 REV 11/08

## PRENATAL RECORD

DATE	AGE	RACE/ETHNICITY	RELIGION	OCCUPATION	YRS. ED.	MARITAL STATUS	FATHER OF BABY	FATHER'S WORK PHONE				
PHONE-HOME		PHONE-WORK		ADDRESS		REFERRAL-SOURCE		MOTHER'S PRIMARY CARE PROVIDER				
<b>GYNECOLOGICAL HISTORY</b>					<b>MEDICAL HISTORY</b>							
MENARCHE		INTERVAL		<input type="checkbox"/> REGULAR	DURATION		✓ IF NEGATIVE-DESCRIBE POSITIVE HISTORY					
YRS				<input type="checkbox"/> IRREGULAR	DAYS		HEENT					
✓ IF NEGATIVE-DESCRIBE POSITIVE HISTORY					CARDIOVASCULAR							
PAP HISTORY					RESPIRATORY/TB/ASTHMA							
INFERTILITY/ART					GI/HEPATITIS							
GYN DISORDER					GU							
GYN SURGERY					METABOLIC/THYROID							
DES EXPOSURE					NEURO							
PRIOR CONTRACEPTION					COAGULATION DISORDERS							
BCP W/IN 90 DAYS CONCEP					PSYCH/DEPRESSION							
BREASTS					MUSCULOSKELETAL							
OTHER GYN HX					SKIN DISORDERS							
GONORRHEA					OTHER DISEASE/DX							
SYPHILIS					OPERATIONS							
CHLAMYDIA					TRANSFUSIONS							
HERPES-SELF/PARTNER					ALLERGIES/LATEX/IODINE							
OTHER STD/HIV					SEXUAL ABUSE/VIOLENCE							
<b>FAMILY HISTORY - NOTE IF FATHER OF BABY</b>												
DIABETES					CONGENITAL ANOM							
HYPERTENSION					OTHER FAMILY HX							
TWINS												
<b>PREVIOUS PREGNANCIES</b>												
NO.	DATE	LENGTH (WKS)	LABOR (HRS)	TYPE DELIVERY	ANES.	SEX	WEIGHT	WHERE DELIVERED	COMPLICATIONS-AP, IP, PP, NEONATAL	OUTCOME/ NAME		
<b>PRESENT PREGNANCY HISTORY</b>					<b>PHYSICAL EXAMINATION</b>					<b>DATE</b>		
LMP <input type="checkbox"/> NORM <input type="checkbox"/> ABNORM			LNMP		✓ IF NEGATIVE-DESCRIBE POSITIVE FINDINGS							
EDD		BEST ESTIMATE EDD		PARAMETER		HEIGHT		BMI				
PLANNED PREGNANCY/OK?					FATHER SUPPORTIVE?		WEIGHT					
							B.P.					
✓ IF NEGATIVE-DESCRIBE POSITIVE HISTORY							HEENT					
NAUSEA/VOMITING							NECK					
BLEEDING							LUNGS					
URINARY SX							BREASTS					
VAGINAL DISCHARGE							HEART					
INFECTION							ABDOMEN					
FEVER/RASH							NEURO					
TOBACCO USE/2ND HAND SMOKE							EXTREMITIES/SKIN					
ETOH							TEETH/ORAL HEALTH					
DRUGS							<b>PELVIC EXAMINATION</b>					<b>DATE</b>
FOLIC ACID PRIOR TO PG							EXT. GENITALIA					
PHYSICAL/SEXUAL ABUSE/DV							VAGINA/CERVIX					
PAIN ASSESSMENT							UTERUS-SIZE					
							ADNEXA					
PATIENT NO.							CLINICAL PELVIMETRY					
PATIENT NAME							HEMORRHOIDS					
D.O.B.							PROVIDER SIGNATURE					

