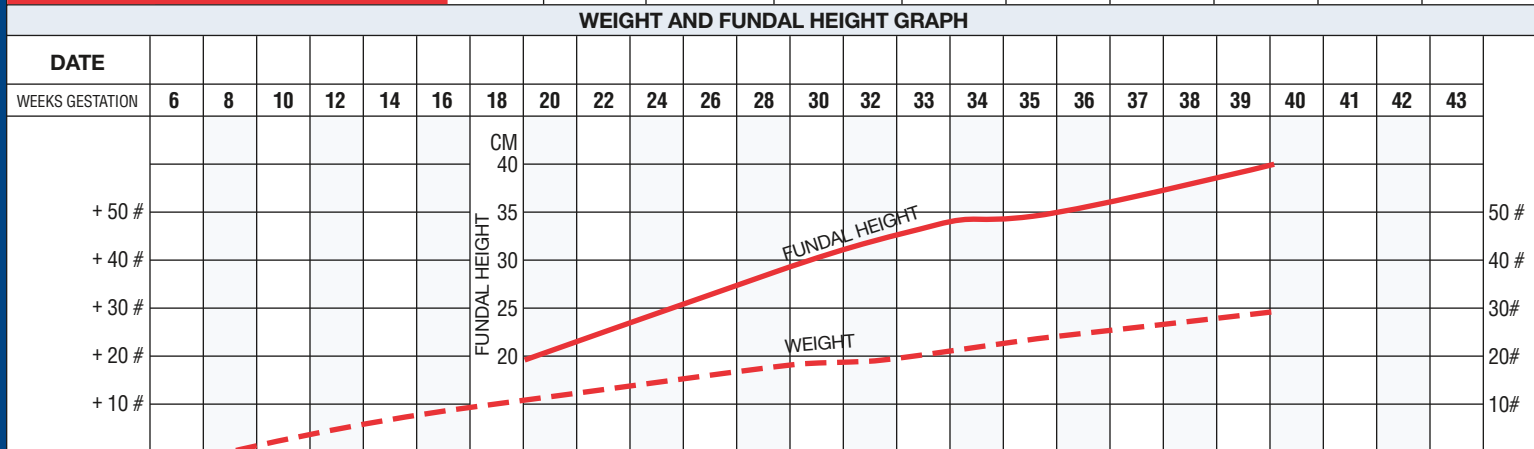


PRENATAL RECORD

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

LABORATORY DATA											
TYPE RH	RUBELLA	SEROLOGY	HBsAg	HIV <input type="checkbox"/> POS	URINE	DIABETIC SCREEN	@ _____ WKS	SICKLE PREP	CF SCREEN	PPD/TINE	
			HEP C	<input type="checkbox"/> NEG <input type="checkbox"/> DECL			@ _____ WKS				
ANTIBODY SCREEN	HCT		HSV SEROLOGY		CULTURES	DATE	GTT @ _____ WKS	<input type="checkbox"/> 1 ST TRIMESTER SCREEN	<input type="checkbox"/> 2 ND TRIMESTER SCREEN		
@ _____ WKS	@ _____ WKS		I _____ II _____		CHLAMYDIA		FBS	<input type="checkbox"/> INTEGRATED SCREEN	<input type="checkbox"/> DECLINED ALL		
@ _____ WKS	@ _____ WKS		RPR/VDRL		GC		1 HR _____	<input type="checkbox"/> DS RISK	<input type="checkbox"/> KARYOTYPE		
RH OF BABY'S FATHER	PAP	DATE	OTHER		HSV		2 HR _____	<input type="checkbox"/> NTD RISK			
					GBS		3 HR _____	<input type="checkbox"/> T18 RISK			
EDD	FINAL EDD	AGE	GRAVIDA	PARA	ABORTIONS	DEATHS	LIVING CHILDREN				
				TERM	PRETERM	SPONT	ELEC	ECTOPIC	FETAL	NEONATAL	



PRENATAL VISITS																										
WEIGHT NON PG _____																										
BLOOD PRESSURE																										
BLOOD PRESSURE RECHECK																										
URINE PROTEIN/ GLUCOSE																										
FHR DOPPLER																										
PRESENTATION																										
FUNDAL HEIGHT																										
FETAL ACTIVITY																										
WEEKS GESTATION	6	8	10	12	14	16	18	20	22	24	26	28	30	32	33	34	35	36	37	38	39	40	41	42	43	
FUTURE PARAMETERS TO CHECK																										
SEE NOTE (✓)																										
RETURN WEEKS																										
INITIALS																										

PATIENT NO. _____ HOSPITAL _____

PATIENT NAME _____

D.O.B. _____

COPY SENT _____
COPY SENT _____

RISK FACTOR	PROGRESS NOTES (Continued from page 2)
PATIENT PROFILE AGE > 34 OR PREGNANCY WITHIN 2 YEARS OF MENARCHE OCCUPATION AND AVOCATION DRUG ABUSE OR ADDICTION ALCOHOL SMOKING COCAINE/METHAMPHETAMINE/HEROIN MARIJUANA NARCOTICS/SEDATIVES/HYPNOTICS SALICYLATES AND OTHER PGSI'S OTHER LOW SOCIOECONOMIC 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 DISORDERS DRUG, SMOKING, OR ALCOHOL ABUSE OCCUPATION, AVOCATION, HOBBIES STD (HERPES, URETHRITIS) HIV RISK FACTORS	
GYNECOLOGICAL HISTORY 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	
MEDICAL HISTORY ANEMIA (HGB < 9.5 OR HCT < 30) HX OF EATING DISORDER 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	
OBSTETRICAL FACTORS PARITY PRIMIGRAVIDA GRAND MULTIPARA (> 6) PAST PREGNANCIES RECURRENT PREGNANCY LOSS (> 3) PREMATURE BIRTH (< 37 WEEKS) PREMATURE RUPTURE OF MEMBRANES LOW BIRTH WEIGHT INFANT (BIRTH WEIGHT < 10TH PERCENTILE FOR DATES) LARGE FOR DATES INFANT (BIRTH WEIGHT > 90TH PERCENTILE FOR DATES) FETAL OR NEONATAL DEATH CONGENITAL ANOMALIES HX OF PREVIOUS INFANT W/GBS INFECTION 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	
PRESENT PREGNANCY 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 PLACENTAL ABRUPTION PLACENTA PREVIA OTHER PLACENTAL ABNORMALITIES (MARGINAL CORD INSERTION) OTHER VAGINAL BLEEDING PREMATURE RUPTURE OF MEMBRANES POLYHYDRAMNIOS OR OLIGOHYDRAMNIOS THREATENED PREMATURE LABOR GBS POSITIVE CULTURE/GBS BACTERIURIA	
PATIENT NAME	