

PRENATAL RECORD

PATIENT'S NAME _____

PREVIOUS PREGNANCIES

	DATE (Mo/Yr)	GEST. AGE	LABOR LENGTH (Hrs)	DELIV. TYPE (Vag or C/S)	OBSTETRIC COMPLICATIONS	INFANT SEX AND NAME	INFANT WEIGHT	NEONATAL COMPLICATIONS
1								
2								
3								
4								
5								
6								

PATIENT EDUCATION CHECKLIST

1st TRIMESTER	Date/Comments	2nd TRIMESTER	Date/Comments	3rd TRIMESTER	Date/Comments
Vitamins/Iron		Common Symptoms		Common Symptoms	
Common Symptoms		Signs of Prem. Labor		Signs of Labor	
Nutrition/Wt. Gain		Prenatal Classes		Analgesia/Anesthesia	
Work/Exercise		Breast/Bottle		L&D Procedures	
Sexuality		Quickening		Episiotomy	
Signs of Miscarriage		Circumcision		Work/Exercise	
Tobacco/EtOH/Drugs		C/S Possibility		Sexuality	
Safe OTC Meds		Contraception/Tubal		Contraception	
Hyperemesis Safeguards		Tubal Paperwork		Well Child Care	
Toxo (Cats/Raw meat)		Newborn Car Seat		Transport issues	
Family Issues					

INITIAL PHYSICAL EXAM

Date _____ + = positive/abnormal 0 = negative/normal leave blank if not examined					
Pre-preg. Weight		Breasts		Uterus (size _____ wks)	
Current weight		Abdomen		Adnexae	
Height		Extremities		Diagonal Conj.	
BP		Neuro		Mid pelvis	
HEENT		Skin		Pubic arch	
Neck/thyroid		Ext. genitalia		Bituberous	
Lungs		Vagina		Pelvis type	
Heart		Cervix		Vag. deliv. prognosis	
Comments/other:					

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PAST MEDICAL HISTORY

+ = positive/abnormal		0 = negative/normal		leave blank if not examined	
Diabetes		STD's/HIV exposure		THIS PREGNANCY	
Hypertension		Hx. abnormal pap		Headache	
Migraine headaches		Gyn. surgery		Nausea/Vomiting	
Epilepsy		Anemia		Constipation	
Thyroid disease		Hx. transfusions		Vag. discharge	
Lung disease/Asthma		Psych. problems		Vag. bleeding	
Heart disease (incl. MVP)		Tobacco use		Abd. pain/Cramps	
Kidney disease (incl. UTI)		EtOH use		Urinary symptoms	
Liver disease		Street drug use		Meds taken (OTC/Rx):	
Comment on positives/Other history:					
				Other problems:	

FAMILY HISTORY/GENETIC SCREENING

+ = positive/abnormal		0 = negative/normal		leave blank if not examined	
Age >35		Epilepsy		Twins	
Hypertension		Hemophilia		Neural tube defect	
Heart disease		Sickle Cell		Down's/Mental retardation	
Cancer		Tay Sachs Disease		Prior congenital anomaly	
Diabetes		Other inherited disorder		Prior stillbirth	
Comment on positives/Other history:					

RISK STRATIFICATION

At risk factors: <input type="checkbox"/> age <15 or >35 <input type="checkbox"/> <8th grade education <input type="checkbox"/> cardiac disease (class I or II) <input type="checkbox"/> active tuberculosis <input type="checkbox"/> chronic pulmonary disease <input type="checkbox"/> thrombophlebitis <input type="checkbox"/> endocrinopathy <input type="checkbox"/> epilepsy (on medication) <input type="checkbox"/> infertility (treated) <input type="checkbox"/> 2 previous abortions <input type="checkbox"/> >6 deliveries <input type="checkbox"/> previous preterm or SGA baby <input type="checkbox"/> previous baby >4,000 gms	<input type="checkbox"/> isoimmunization (ABO, etc.) <input type="checkbox"/> hemorrhage with previous delivery <input type="checkbox"/> previous preeclampsia <input type="checkbox"/> no family support <input type="checkbox"/> 2nd pregnancy within 12 mos. <input type="checkbox"/> smoking <input type="checkbox"/> _____ <input type="checkbox"/> _____ High risk factors: <input type="checkbox"/> age >39 <input type="checkbox"/> diabetes <input type="checkbox"/> hypertension <input type="checkbox"/> cardiac disease (class III or IV) <input type="checkbox"/> chronic renal disease	<input type="checkbox"/> congenital/chromosomal abnorm. <input type="checkbox"/> hemoglobinopathies <input type="checkbox"/> isoimmunization (Rh) <input type="checkbox"/> alcohol or drug abuse <input type="checkbox"/> habitual abortions <input type="checkbox"/> incompetent cervix <input type="checkbox"/> prior fetal or neonatal death <input type="checkbox"/> prior neuro. damaged infant <input type="checkbox"/> significant social problems <input type="checkbox"/> _____ Summary: <input type="checkbox"/> no risk factors <input type="checkbox"/> at risk <input type="checkbox"/> at high risk
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