PREVIOUS EDITION IS NOT USABLE NSN 7540-00-634-4276

MEDICAL RECORD PRENAT								ENATA	TAL AND PREGNANCY								DAT	Έ		
								Р	ATIENT	INFOF	RMATION									
LAST N	IAME									FIRS	ST NAME									MIDDLE INITIAL
STREE	T ADDRE	ESS								CITY	,						STATE	Z	ZIP C	ODE
	TEI EDL	IONE (Hom	201		TE	LEPH(	ONE /	Mork)		ID NI	UMBER		DAYO	F BIRT	Н (Мс	onth, Day	/ Year)		AGE	
AREA C		NUMBER	<i>ie)</i>	AREA C		IUMBE		vvork)	EXT.		OWIDER		D/(I O	n Bii(i	11 (1010	min, Daj	, reary		(OL	
				RACE						EDU	CATION (La	st grade				(	OCCUP/	ATIO	N	
W	HITE	HISPA	ANIC WHI	TE	AMERIC	CAN IN	NDIAN	I/ALAS	KA NATIVE	comp	oleted)			Н	OMEN	IAKER	OU	חופדו	E W	
BL	ACK	HISPA	ANIC BLAC	CK	ASIAN/	PACIF	IC ISL	ANDE	R						UDE			1310	, L VV	/KK
		1		RITAL ST	TATUS									TYPE (	OF W	ORK				
	NGLE VORCED			RIED ARATED				WI	DOWED	EME	RGENCY CO	ONTACT					т.	ELED	HON	
	VORCED	'		ID/FATHE	R OF BA	BY					INOLINOT O	ONTACT			A	REA CO		UMB		=
NAME					1		TELE	PHONE	 E											
					AREA	CODE	E N	UMBEF	₹	NEW	/BORN'S PH	IYSICIAN			R	EFERRE	ED BY			
FINAL E	NAL ESTIMATED DELIVERY DATE HOSPITAL OF DELIVERY										MARY PROV	IDER/GRO	OUP		M	IEDICAII	O NUMB	BER/II	NSUF	RANCE
								NUI	MBER O	F PRE	GNANCIE	ES .								
TOTAL		FUL	L TERM	PREM	IATURE	ABOI	RTION				NS SPONTA		ECT	OPICS	M	IULTIPLI	E BIRTH	łS	LIVIN	IG
			_				F	PAST	PREGN	ANCIE	S (LAST	SIX)								
	ATE O/YR)	GA WEEK	S LENG OF LABO	:   \	BIRTH /EIGHT	- L	SEX TYPE DELIVERY				STHESIA		CE O IVER		LAE	TERM BOR VERY NO	C			ENTS/ ATIONS
		A OT MEN	OTDUAL 5	EDIOD		- 1				UAL F	HISTORY		LIENO	,					14.00	
DE	FINITE	AST MEN	PROXIMAT		H KNOW	/NI)	MON	NTHLY	PRIOR (	(Date)	Q (Days)	FREQ	UENC	I BCP A		AGE	ONSET		NARC hCG	+ (Date)
	IKNOWN		RMAL AM			11,		ES	۱ ٔ ٔ ٔ	, ,				ONCEP						(/
	NAL:						N						YES	;	NO					
						SYN	ИРТС	SMC	SINCE L	AST N	IENSTRU	AL PER	RIOD	•						
		SYMPTOM							SP		'S NAME								OR'S	D NUMBER
				LAST					FIRST				МІ	(33)	, , , , , ,	Juiel	,			
DEPAR	T./SERV	ICE		•		HC	SPITA	AL OR	MEDICAL I	FACILIT	Y		REC	ORDS	MAIN	TAINED	AT			
PATIEN	IT'S IDEN	ITIFICATIO	ON (For typ or SSN		ten entrie	s, give	: Nam	ne las	st, first, mide	dle; ID N	o.	REGISTE	ER NO.					WAF	RD NO	).

PRENATAL AND PREGNANCY
Medical Record

LAST NAME		FIRST NAME				MIDDI	LE INITIAL	ID N	UMBER		_	
					CALI	HISTORY						
ITEM	O NEG + POS		POSITIVE REM Date and Trea			ITEM		O NEG + POS			TIVE REMARKS and Treatment)	
DIABETES					_	MONARY ASTHMA)						
HYPERTENSION					ALL	ERGIES (DRU	IGS)					
HEART DISEASE					BRE	AST						
AUTOIMMUNE DISORDER						TORY OF IORMAL PAP						
KIDNEY DISEASE/UTI UTERINE ANOMALY/ DES												
PSYCHIATRIC					INF	ERTILITY						
NEUROLOGIC/ EPILEPSY					EVANT FAMIL	_Y						
HEPATITIS/LIVER DISEASE					CVA	N SURGERY						
VARICOSITIES/ PHLEBITIS					Gir	SURGERT						
THYROID DYSFUNCTION						ERATIONS/HO ALIZATIONS	S-					
TRAUMA/DOMESTIC VIOLENCE						ar and Reason)	)					
HISTORY OF BLOOD TRANSFUSION						STHETIC MPLICATIONS						
D (RH) SENSITIZED					OTH	IER (Specify)						
USE OF T	OBACCO	•		USE OF	ALC	OHOL		'	USE	OF STREE	Γ DRUGS	
NUMBER OF CIGARE PER DAY	TTES	NO. OF YEARS	NUMBER OF D	RINKS PER	DAY	NO. OF YEARS DRINKING		AMO PRIOR TO	DUNT	PER DAY	NO. OF YEARS US	SE
PRIOR TO PREGNANCY NOW	SMOKED	PREGNANCY					PREGNANC	Υ				
COMMENTS/COUNSELING				1		<u> </u>		<u> </u>		<u> </u>		

## **GENETICS SCREENING/TERATOLOGY COUNSELING**

(Includes Patient, Baby's Father, or anyone in Either Family)

ITEM	YES	NO	ITEM	YES	NO
PATIENT'S AGE IS GREATER THAN 35 YEARS			MENTAL RETARDATION/AUTISM		
THALASSEMIA (ITALIAN, GREEK, MEDITERRANEAN, OR ASIAN			WILNIAL KLIAKDATION/AUTISW		
BACKGROUND (MCV IS LESS THAN 80) NEURAL TUBE DEFECT (MENINGOMYELOCELE, SPINA BIFIDA, OR			IF YES, WAS PERSON TESTED FOR FRAGILE X		
ANENCEPHALY)			OTHER INHERITED GENETIC OR CHROMOSOMAL DISORDER		
CONGENITAL HEART DEFECT			MATERIAL METABOLIC DISORDER *E.G., INSULIN-DEPENDENT		
DOWN SYNDROME			DIABETES, PKU)		
TAY-SACHS (E.G., JEWISH, CAJUN, FRENCH CANADIAN)			PATIENT OR BABY'S FATHER HAD A CHILD WITH BIRTH DEFECTS		
SICKLE CELL DISEASE OR TRAIT (AFRICAN)			NOT LISTED ABOVE		
HEMOPHILIA			MEDICATIONS/STREET DRUGS/ALCOHOL SINCE LAST MENSTRUAL		
MUSCULAR DYSTROPHY			PERIOD		
CYSTIC FIBROSIS			IF YES, LIST AGENT(S)		
HUNTINGTON CHOREA					
RECURRENT PREGNANCY LOSS OR A STILLBIRTH			ANY OTHER		
COMMENTS/COUNSELING	•		·	•	

					INFE	CTIC	N HIST	ORY							
		ITEM			YES	NO					ITEM			YES	NO
HIGH RISK HEPATITIS	B/IMMUN	NIZED					RASH C	R VIRAL	ILLNESS	SIN	CE LAST MEN	ISTRUAL PERIO	D		
LIVE WITH SOMEONE	WITH TB						HISTOF	RY OF STI	D, GC, CH	HLAN	//YDIA, HPV, S	YPHILIS			
EXPOSED TO TB							OTHER								
PATIENT OR PARTNER	R HAS HI	STORY OF GE	NITAL HER	RPES											
COMMENTS					•									'	
DRUG ALLERGY				RELIGIOUS	/CULTU	RAI C	ONSIDE	PATIONS		-	ΔNESTHESIΔ	CONSULT PLAN	INFD		
DIOG ALLEIOT				KELIGIOOG	/COLTO	TVAL O	ONOIDEI	VATIONO			ANLOTTILOIA	YES		] NO	
INTERVIEWER'S	SIGNAT	TURE													
				INITI	AL PH	YSIC	AL EXA	TANIMA	ION						
EXAM DATE	PRE-PF	REGNANCY W	EIGHT	PRESENT \	VEIGHT			HEIGHT				ВР			
-				CHE	CK ONE								_		
	ITEM			NORMAL	ABNO	RMAL	i	ITEM				RESULT			
HEENT						VULVA				NORMAL	CONDYLON	1A	LESION	IS	
FUNDI						VAGINA				NORMAL	INFLAMMAT	TION	DISCHA	RGE	
TEETH							CERVIX				NORMAL	INFLAMMAT	TION	LESION	IS
THYROID							UTERUS SIZE NO. OF WEEKS:						FIDDO	20	
BREASTS							UTERUS	SSIZE						FIBROI	DS
LUNGS							ADNEXA				NORMAL	MASS			
HEART							DIAGON	IAL			REACHED	NO	CM		
ABDOMEN							CONJU	GATE			REACHED	INO.			
EXTREMITIES							SPINES				AVERAGE	PROMINEN	Т	BLUNT	
SKIN							SACRUI	M			CONCAVE	STRAIGHT		ANTER	IOR
LYMPH NODES							SUBPU	BIC ARCH	1		NORMAL	WIDE		NARRO	W
RECTUM							GYNECOID PELVIC TYPE YES NO								
COMMENTS (List type a		iiii abiioimaiity)									MEDICATI	ON LIST			
PROBLE	MS			PLANS					TYPE			START DATE	ST	OP DA	ΓE
		·		ESTIN				DATE (	EDD)		•		•		
					CC	ONFI	RMATIC	NC							
ACTION		DATE		WEEK	(S		E	DD	INITI	AL E	EDD				
LMP															
INITIAL EXAM									INITI	ALE	D BY				
ULTRASOUND															
							EK UPI	DATE	- I						
ACTIO	NC		ORIG. D	ATE	WEEKS	3	NE'	W DATE	FINA	L E	DD				
QUICKENING															
FUNDAL HT. AT UMBIL									INITI	ALE	D BY				
FHT W/FETOSCOPE															
ULTRASOUND							L		REGISTER NO.   WARD NO			I =			
PATIENT'S IDENTIFICA		or typed or writ o. or SSN; Sex;				middle	e; ID		REGISTE	R N	O.				

NSN 7540-00-634-4276

LAST NAME						F	RST NAME					MIDDLE INIT	TAL ID NUMBI	ER	14014 7 0 4 0 0 0 0 4 4 2 7 0
									-e						
DATE	WEEKS GEST. (BEST EST.)	FUNDAL HEIGHT (CM)	PRESENTATION	FHR	FETAL MOVEMENT	PRETER SIGNS/SY PRESENT	M LABOR MPTOMS ABSENT	CERVIX EXAM (DIL./EFF./ STA.)	BLOOD PRES- SURE		WEIGHT	URINE (GLUCOSE/ ALBUMIN)	NEXT APPOINT- MENT ( <i>Date</i> )	PROVIDER (Initials)	COMMENTS
PROBLEMS									1.00	MMEN <sup>-</sup>					

## **LABORATORY AND EDUCATION**

	TYPE	DATE			RES	SUL	Γ			REVIEWED	COMMENTS	ADDITIONAL LAB
	BLOOD TYPE		A				В					
			AB				0					
	D (RH) TYPE											
	PAP TEST		NOR ABNO		\L		OTHE	R				
(0	HIV COUNSELING/TESTING		POSI NEG				DECI	INE	D			
- LAB	ANTIBODY SCREEN											
INITIAL LABS	RUBELLA											
=	VDRL											
	HCT/HGB		PERCENT	AGE		G/D	L					
	URINE CULTURE/SCREEN					•						
	HB s AG											
	HGB ELETROPHORESIS		AA SC		AS AF		SS TA2		AC			
38	PPD											
⁴L LA	CHLAMYDIA											
OPTIONAL LABS	GC											
О	TAY-SACHS											
	OTHER											
ed)	ULTRASOUND											
LABS 1/e/ect	MSAFP/MULTIPLE MARKERS											
VEEK licateα	OTHER  ULTRASOUND  MSAFP/MULTIPLE MARKERS  AMNIO/CVS  KARYOTYPE											
8-18 WEEK L (When indicated)	KARYOTYPE		46, X			OTH	IER					
N	AMNIOTIC FLUID (AFP)	NOR			ABI	NORM	AL					
PATIE	NT'S IDENTIFICATION (For type or SSN;	ed or written entries, gi Sex; Rank/Grade)	ve: Name -	- last,	first, n	niddle	; ID No	<b>)</b> .		REGISTER NO.		WARD NO.

											NSN 75	40-00-634-4276
LAS	ST NAME		FIR	RST NAME				MIDDLE INITIA	. ID NUMBER			
	TYPE	DATE		R	ESUI	LT		RI	EVIEWED	COMMEN	NTS/ADDIT	IONAL LAB
	HCT/HGB			PERCENTAGE	G/I	DL						
LABS	DIABETES SCREEN			1 HOUR								
VEEK	GTT (If screen abnormal)			FBS 2 HOUR			HOUR HOUR					
24-28 WEEK LABS	D (RH) ANTIBODY SCREEN			'								
7	D IMMUNE GLOBULIN (RHG) GIVEN (28 WEEKS)			SIGNATURE								
	HCT/HGB (Recommended)			PERCENTAGE	G/I	DL						
BS	ULTRASOUND											
EK LA	VDRL											
32-36 WEEK LABS	GC											
32-3	CHLAMYDIA											
	GROUP B STREP (35-37 WEEKS)											
				PL/	'							
	TYPE	C	ON	MENTS			Т	YPE			COMMENT	S
	COUNSELED						NEWBORN	CAR S	EAT			
	ANESTHESIA PLANS						POSTPARTI	JM BIF	RTH CONTROL			
	TOXOPLASMOSIS PRECAUTIONS (CATS/RAW MEAT)						ENVIRONME HAZARDS	ENTAL	/WORK			
	CHILDBIRTH CLASSES						TUBAL STE	RILIZA	TION			
	PHYSICAL/SEXUAL ACTIVITY		VBAC COUNSELING						IG			
	LABOR SIGNS						CIRCUMCIS	ION				
NUTRITION COUNSELING							TRAVEL					
	BREAST OR BOTTLE FEEDING					LIFESTYLE, ALCOHOL	TOBA	CCO,				
RE	SULTS						•			TUBA	L STERILIZ	ZATION
									ļ	DATE CONSEN		INITIALS
												1

COMMENTS/COUNSELING

	SUPPLEMENTAL VISITS														
	SEST.	(CM)	ATION		ENT	PRETERI SIGNS/SY	M LABOR MPTOMS	EXAM :./	BLOOD			URINE	r- ate)	ER.	
DATE	WEEKS GEST. (BEST EST.)	FUNDAL HEIGHT (CM)	PRESENTATION	FHR	FETAL MOVEMENT	PRESENT	ABSENT	CERVIX EXAM (DIL./EFF./ STA.)	BLOOD PRES- SURE	EDEMA	WEIGHT	URINE (GLUCOSE/ ALBUMIN)	NEXT APPOINT- MENT <i>(Date)</i>	PROVIDER (Initials)	COMMENTS

PROGRESS NOTES

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name last, first, middle; ID No.	REGISTER NO.	WARD NO.
or SSN; Sex; Rank/Grade)		

7540		

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

PROGRESS NOTES

									DIS	CHARG	E/P	OSTPA	RTU	М					
									DE	LIVERY	'IN	FORMA	TIOI	N					
DELIVERY DAT	Έ											TYP	ΕO	F DELI	VE	RY			
						V	'AGIN	AL								CESARE	AN		
DELIVERY AT (	Weeks)				SVD			EPIS	SIOT	OMY				FOR				REPE	EAT-FAILED VBAC
,	,		-		VACUI	JM		_		ATIONS	-	PRIMAR	Y						TRANSVERSE
			-	_	FORCI			VBA				CLASSIC	CAL		REF	PEAT - ELECTIVE			VERTICAL
			L	AB(								1				ANESTH			
SPONTAN	EOUS			_		ENTED	)					NONE				EPIDURAL		GENI	ERAL
INDUCED					NO LA	BOR						LOCAL/F	PUDE	NDAL		SPINAL		ОТН	ER
ı								POS	STF	PARTUN	νС	OMPLIC	ATI	ONS			-		
NONE			НЕМО	RRH	AGE		INFE	CTION			1	PERTENS			ОТН	HER:			
								IADC	·	UEODM		ON							DISCHARGE DATE
						ı	DISCF	IARG	iE II	NFORM	AII	ION							
										NE	ON.	ATAL							
			SEX									DISPO	OSIT	ION			COMPLI	CATIC	NS/ANOMALIES
FEMALE				CIRC	CUMCIS	SION			НС	ME WITH	н мс	THER		NEONAT.	AL [	DEATH			
MALE			YES			NO			TF	RANSFER				OTHER					
BIRTH WEIGHT	•	NAI	ME OF B	ABY					ST	ILLBIRTH									
IN HOS									HOSPITA										
											TEI	RNAL							
HB/HCT LEVEL CONTRACEPTIVE METHOD (If app								olicable)				MEDIC	ATIO	ONS					
FEED		DIA	AGNOS	STIC ST	TUDIES	PEND	ING												
BREAST																			
	SECON		DIAGNOS	SIS/F	PREEX	ISTING	COND	ITIONS	 S							FOLLOW-UP API	POINTME	ENT	
ASTHMA				ОТ	HER						D	ATE				LOCATION			
DIABETES	;																		
HYPERTE	NSION																		
			IMMUNI	ZATI	IONS (	SIVEN					R	REMARKS							
D (Rho)(D	) IMMUI	NE GLO	BULIN																
DIABETES	3																		
OTHER:																			
									ı	NTERIN	/I C	ONTAC							
DATE												COM	MEN	IT					
SIGNATURE OF	PROVI	IDER (A	S REQU	JIREL	D)														
PATIENT'S IDEI	NTIFICA		For typed				give: N	lame	last,	first, midd	lle; II	D No.		REGIS	TER	NO.			WARD NO.

								NSN	7540-00-634-4276		
LAST NAME		FIRST NAME				MIDDLE INITIAL	ID NUMBE	R			
			POSTE	PARTUM	VISITS					_	
DATE	ALLERGIES										
LAB STUDIES REC				CATIONS/CONTRA	CEPTION				_		
HGB/HCT		LAST PAP SMEAR (Date)		MEDIC	ATIONS/CONTRA	CEPTION DISPE	NSED				
INTERIM HISTORY		1		FEEDI	NG METHOD	<u> </u>				_	
			CONTI	RACEPTIVE METH	HOD				_		
		INTE	RVAL CAR	RE RECO	MMENDATION	S				_	
FOR GENERAL HE	ALTH PROMOTION										
FOR REPRODUCT	IVE HEALTH PROMOTION									_	
REFERRALS								-		_	
RETURN VISIT (Date) EXAM		EXAMINED BY									
			PHY	SICAL EX	KAM					_	
BP		WEIGHT		PAP SMEAR  YES  NO							
	ITEM	NORM	IAL ABNO	RMAL			MMENT				
BREASTS											
ABDOMEN											
EXTERNAL GENITALS											
VAGINA											
CERVIX											
UTERUS											
ADNEXA											
RECTAL-VAGII	NAL									_	
COMMENTS								_		_	

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PATIENT'S IDENTIFICATION (For typed or written entries, give: Name last, first, middle; ID No. (SSN or other); hospital or medical facility)	REGISTER NO.	WARD NO.		
COMMENTS (Continue on back if needed)				