PREVIOUS EDITION IS NOT USABLE

NSN 7540-00-634-4276

PRENATAL AND PREGNANCY

DATE

PATIENT INFORMATION

LAST NAME									FIRS	ST NAME								MIDDLE INITIA
STREET ADDRE	SS								CITY	(STATE	ZIP	CODE
				TEI			A (= (.)			UMBER			OF BIRTH	Mon	th Day	Vear	AGE	
	UMBEF		AREA CO		EPHC		vork)	EXT.		UNDER		DAT			un, Day,	(tear)	AGE	
		N N			UNDL													
			RACE						FDU	CATION (La	st arade				0	CCUPAT		
WHITE	ше	PANIC WHI						KA NATIVE		pleted)	or grade		НО	MEMA			ION	
BLACK		PANIC BLAC		ASIAN/F					-							OUTS	SIDE V	VORK
BLACK	1113		RITAL ST		ACII		ANDER	`	_				TYPE O					
SINGLE			RIED	4103														
DIVORCED			ARATED			_	WIE	DOWED	EME	RGENCY CO						TEI	EPHO	
DIVORCED					RY									AR	EA COI		/BER	
NAME		TICODA					PHONE	:	_							_		
				AREA			JMBER		NEW	BORN'S PH	YSICIAN			RE	FERRE	D BY		
				1.1.2.1	0022	-		•										
FINAL ESTIMATI	ED DELI	VERY DATE	HOS	I PITAL O	F DEL	IVER	Y		PRIM	MARY PROV	IDER/GR	OUP		ME	DICAID	NUMBE	R/INSI	JRANCE
			I				NUN	IBER O	F PRE	GNANCIE	ES							
TOTAL	FL	JLL TERM	PREM	ATURE	ABOF	RTION	IS INDU			ONS SPONTA		EC	FOPICS	MU	ILTIPLE	BIRTHS	LIV	ING
						F	PAST	PREGN	ANCIE	ES (LAST	SIX)							
	LENGTH												RETE	ERM				
DATE (MO/YR)	GA WEE	<u>ke</u> 01	· \ \\/	EIGHT				IVERY	ANE	STHESIA		ACE (LIVEF	·	LABC DELIVI	ERY			/ENTS/ CATIONS
			DR ''	LIGITI	F	М	DLL						` Γ	'ES	NO	00		OATIONO
							N	IENSTR	UAL	HISTORY								
L	AST ME	NSTRUAL F	PERIOD				M	ENSES			FREG	QUENC	Υ			Μ	ENAR	CHE
DEFINITE	A	PPROXIMA	FE (MONTH	H KNOW	N)	MON	ITHLY	PRIOR	Date)	Q (Days)			N BCP AT		AGE (ONSET	hC	G + <i>(Date)</i>
UNKNOWN	N	ORMAL AM	OUNT/DUF	RATION		Y	ES					С	ONCEPT					
FINAL:						N						YE	S I	NO				
					SYN	IPT	DMS S	SINCE L	AST N	IENSTRU	AL PE	RIOD						
DESCRIBE ALL	SYMPTO	DMS																
RELATIONSHIP	TO SPO	NSOR						SP	ONSOR	S NAME						SPON (SSN)		
			LAST						FIRS	σT					МІ	(33/4)	or Our	
DEPART./SERVI	CE				HO	SPIT	AL OR N	MEDICAL	ACILIT	Y		RE	CORDS N	AINT	AINED	AT .		
PATIENT'S IDEN	TIFICAT			en entries	s, give	Nam	e last	t, first, mid	dle; ID N	lo.	REGIST	ER NO).			l v	ARD I	NO.
		or SSN,	Sex)															
											_		PRENA	TAI		DDEC		~v
													FRENA			PREGI	VAIN!	

Medical Record

STANDARD FORM 533 (REV. 12-1999)

Prescribed by GSA/ICMR FMR (41 CFR) 101-11.203

LAST NAME		F	IRST NAME		MIDDLE INITIAL		ID NUMBER				
					CAL	HISTORY					
ITEM	O NEG + POS		POSITIVE REM			ITEM		O NEG + POS			VE REMARKS nd Treatment)
DIABETES					PULMONAR (TB, ASTHM)						
HYPERTENSION					ALL	ERGIES (DRU	GS)				
HEART DISEASE					BRE	AST					
AUTOIMMUNE DISORDER					HISTORY OF ABNORMAL PAP						
KIDNEY DISEASE/U	DNEY DISEASE/UTI					UTERINE ANOMALY/ DES					
PSYCHIATRIC	SYCHIATRIC				INFE	ERTILITY					
NEUROLOGIC/ EPILEPSY						EVANT FAMIL TORY	Y				
HEPATITIS/LIVER DISEASE					01/1	N SURGERY					
VARICOSITIES/ PHLEBITIS					GTN	SURGERT					
THYROID DYSFUNCTION					-	ERATIONS/HO ALIZATIONS	S-				
TRAUMA/DOMESTIC VIOLENCE	;					ar and Reason))				
HISTORY OF BLOOD TRANSFUSION)					STHETIC					
D (RH) SENSITIZED					OTH	IER (Specify)					
USE OF TOBACCO				USE OF	ALCO	OHOL			USE	OF STREET	
NUMBER OF CIGARETTES PER DAY		NO. OF YEARS	NUMBER OF DRINKS PE		ER DAY NO. OF YEARS DRINKING			AM PRIOR TO		PER DAY	NO. OF YEARS USE
	NOW	SMOKED	PREGNANCY					PREGNAN			

COMMENTS/COUNSELING

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					
BACKGROUND (MCV IS LESS THAN 80)			IF YES, WAS PERSON TESTED FOR FRAGILE X		
NEURAL TUBE DEFECT (MENINGOMYELOCELE, SPINA BIFIDA, OR 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	•		•	•	

NSN 7540-00-634-4276

PATIENT OR PARTNER HAS HISTORY OF GENITAL HERPES COMMENTS DRUG ALLERGY RELIGIOUS/CULTURAL CONSIDERATIONS ANESTHESIA CONSULT PLANNED YES NO INTERVIEWER'S SIGNATURE INITIAL PHYSICAL EXAMINATION INTERVIEWER'S SIGNATURE INITIAL PHYSICAL EXAMINATION EXAM DATE PRE-PREGNANCY WEIGHT PRESENT WEIGHT HEIGHT EXAM DATE CHECK ONE ITEM ITEM CHECK ONE ITEM ITEM ITEM ITEM RESULT FUNDI LESIONS FUNDI CONDYLOMA LESIONS FUNDI CHECK ONE ITEM INFLAMMATION IN				INFE	CTIC	N HISTORY						
LIVE WITH SOMEONE WITH TB HISTORY OF STD, GC, CHLAMYDIA, HPV, SYPHILIS Image: Commentation of the system of t		ITEM		YES	NO			ITEM			YES	NO
EXPOSED TO TB OTHER PATIENT OR PARTNER HAS HISTORY OF GENITAL HERPES OTHER COMMENTS ANESTHESIA CONSULT PLANNED DRUG ALLERGY RELIGIOUS/CULTURAL CONSIDERATIONS ANESTHESIA CONSULT PLANNED INTERVIEWER'S SIGNATURE INTIAL PHYSICAL EXAMINATION ANESTHESIA CONSULT PLANNED EXAM DATE PRE-PREGNANCY WEIGHT PRESENT WEIGHT HEIGHT BP ITEM CHECK ONE ITEM RESULT HEENT VULVA NORMAL INFLAMMATION LESIONS FUNDI VULVA NORMAL INFLAMMATION LESIONS FUNDI VAGINA NORMAL INFLAMMATION LESIONS THYROID UTERUS SIZE NO.OF WEEKS: FIBROIDS BREASTS UTERUS SIZE NO.OF WEEKS: FIBROIDS LUNGS ADNEXA NORMAL MASS MARS HEART DIAGONAL CONJUGATE REACHED NO CM ABDOMEN CONJUGATE SPINES AVERAGE PROMINENT BLUNT SKIN SUBPUBIC ARCH NORMAL WIDE NARROW	HIGH RISK HEPATITIS	B/IMMUNIZED				RASH OR VIRAL ILLNESS	S SIN	CE LAST MEN	STRUAL PERIOD			
PATIENT OR PARTNER HAS HISTORY OF GENITAL HERPES COMMENTS	LIVE WITH SOMEONE	WITH TB				HISTORY OF STD, GC, CI	HLAN	MYDIA, HPV, S	YPHILIS			
COMMENTS DRUG ALLERGY RELIGIOUS/CULTURAL CONSIDERATIONS ANESTHESIA CONSULT PLANNED YES NO INTERVIEWER'S SIGNATURE INITIAL PHYSICAL EXAMINATION EXAM DATE PRE-PREGNANCY WEIGHT PRESENT WEIGHT HEIGHT BP ITEM CHECK ONE ITEM LINGS ADDRMAL ABNORMAL INFLAMMATION LESIONS ILUNGS ADDRMA CONJUGATE ABDOMAL CONJUGATE CHECK ONE ITEM CHECK CHECK NO CONJUGATE CONJUGATE CONCAUE SUBPUBIC ARCH NORMAL WIDE NARROW	EXPOSED TO TB					OTHER						
DRUG ALLERGY RELIGIOUS/CULTURAL CONSIDERATIONS ANESTHESIA CONSULT PLANNED NO INTERVIEWER'S SIGNATURE INITIAL PHYSICAL EXAMINATION INTERVIEWER'S SIGNATURE NO EXAM DATE PRE-PREGNANCY WEIGHT PRESENT WEIGHT HEIGHT BP ITEM CHECK ONE ITEM RESULT ISONS HEENT ONOMAL ANORMAL NORMAL INFLAMMATION DISCHARGE TEETH O VAGINA NORMAL INFLAMMATION DISCHARGE THYROID O CERVIX NORMAL INFLAMMATION LESIONS THYROID O O VIERUS SIZE NO O'ESIONS ILUNGS ADNEXA ADNEXA NORMAL MASS IBROIDS EXATEMITIES O SPINES AVERAGE PROMINENT BLUNT SKIN SUBPUBIC ARCH NORMAL WIDE NARROW	PATIENT OR PARTNER	R HAS HISTORY OF GENITAL HER	PES									
INTERVIEWER'S SIGNATURE INTERVIEWER'S SIGNATU	COMMENTS				•							
INTERVIEWER'S SIGNATURE INTERVIEWER'S SIGNATURE INTIAL PHYSICAL EXAMINATION EXAM DATE PRE-PREGNANCY WEIGHT PRESENT WEIGHT HEIGHT HEIGHT ITEM INFLAMMATION INF	DRUG ALLERGY		RELIGIOUS	CULTU	RAL C	ONSIDERATIONS		ANESTHESIA	CONSULT PLANNED			
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$									YES		NO	
EXAM DATE PRE-PREGNANCY WEIGHT PRESENT WEIGHT HEIGHT BP ITEM ITEM ITEM ITEM RESULT RESULT HEENT INORMAL ABNORMAL ITEM CODYLOMA LESIONS FUNDI I INORMAL VULVA NORMAL INFLAMMATION DISCHARGE TEETH I VAGINA NORMAL NORMAL INFLAMMATION LESIONS THYROID I I CERVIX NORMAL INFLAMMATION LESIONS BREASTS I I UTERUS SIZE NO. OF WEEKS: IESIONS LUNGS I ADNEXA NORMAL MASS IESIONS HEART I DIAGONAL CONJUGATE NO MASS IESIONS ABDOMEN I IESIONS AVERAGE PROMINENT BLUNT SKIN I SACRUM CONCAVE STRAIGHT ANTERIOR LYMPH NODES I SUBPUBIC ARCH NORMAL WIDE INTERIOR	INTERVIEWER'S											
ITEM CHECONE ITEM ITEM RESULT HEENT NORMAL ABNORMAL VULVA NORMAL NORMAL NORMAL NOLAMATION LESIONS FUNDI I I VAGINA NORMAL NORMAL NIFLAMMATION DISCHARGE TEYROID I I I I I ISCHARGE THYROID I I I I ISCHARGE BREASTS I I I I I LUNGS I I I I I I ABDOMEN I I I I I I SKIN I I I I I I I LYMPH NODES I I I I I I I			INITIA	AL PH	YSIC	AL EXAMINATION						
$\begin{tabular}{ c c c c c c } \hline \begin{tabular}{ c c c c c } \hline \hline \begin{tabular}{ c c c c c c } \hline \\ \hline \begin{tabular}{ c c c c c c c } \hline \hline \begin{tabular}{ c c c c c c c } \hline \\ \hline \begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	EXAM DATE	PRE-PREGNANCY WEIGHT	PRESENT V	VEIGHT		HEIGHT			BP			
$\begin{tabular}{ c c c c c c } \hline \begin{tabular}{ c c c c c } \hline \hline \begin{tabular}{ c c c c c c } \hline \\ \hline \begin{tabular}{ c c c c c c c } \hline \hline \begin{tabular}{ c c c c c c c } \hline \\ \hline \begin{tabular}{ c c c c c c c c c c c c c c c c c c c$												
NORMALABNORMALABNORMALABNORMALABNORMALNORMALNORMALSUBSURHEENTII <td< td=""><td></td><td>ITEM</td><td>CHEC</td><td>K ONE</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		ITEM	CHEC	K ONE								
FUNDIVAGINANORMALNORMALINFLAMMATIONDISCHARGETEETHCERVIXNORMALNORMALINFLAMMATIONLESIONSTHYROIDImage: CervixTerus SizeNO. Jerus SizeImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixBREASTSImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixLUNGSImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixHEARTImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixAbDOMENImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixSKINImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixLYMPH NODESImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixImage: CervixLYMPH NODESImage: CervixImage: CervixImag			NORMAL	ABNO	RMAL							
TEETHCERVIXNORMALINFLAMMATIONLESIONSTHYROIDIII <td>HEENT</td> <td></td> <td></td> <td></td> <td></td> <td>VULVA</td> <td></td> <td>NORMAL</td> <td>CONDYLOMA</td> <td></td> <td>LESION</td> <td>S</td>	HEENT					VULVA		NORMAL	CONDYLOMA		LESION	S
THYROID Image: Second	FUNDI					VAGINA		NORMAL	INFLAMMATION		DISCHA	RGE
BREASTS UTERUS SIZE FIBROIDS LUNGS ADNEXA NORMAL MASS HEART DIAGONAL CONJUGATE REACHED NO EXTREMITIES O SPINES AVERAGE PROMINENT BLUNT SKIN SUBPUBIC ARCH NORMAL VIDE NARROW	TEETH					CERVIX		NORMAL	INFLAMMATION		LESION	S
BREASTS Image: Second	THYROID						NO	OF WEEKS:				
HEART Image: Diagonal conjugate Reached conjugate<	BREASTS					UTERUS SIZE					FIBRUIL	15
ABDOMEN DIAGONAL CONJUGATE REACHED NO EXTREMITIES SPINES AVERAGE PROMINENT BLUNT SKIN SACRUM CONCAVE STRAIGHT ANTERIOR LYMPH NODES O SUBPUBIC ARCH NORMAL WIDE NARROW	LUNGS					ADNEXA		NORMAL	MASS			
ABDOMEN CONJUGATE CONJUGATE CONJUGATE EXTREMITIES SPINES AVERAGE PROMINENT BLUNT SKIN SACRUM CONCAVE STRAIGHT ANTERIOR LYMPH NODES SUBPUBIC ARCH NORMAL WIDE NARROW	HEART					DIAGONAL			NO	СМ		
SKIN SACRUM CONCAVE STRAIGHT ANTERIOR LYMPH NODES SUBPUBIC ARCH NORMAL WIDE NARROW	ABDOMEN					CONJUGATE		REACHED				
LYMPH NODES SUBPUBIC ARCH NORMAL WIDE NARROW	EXTREMITIES					SPINES		AVERAGE	PROMINENT		BLUNT	
	SKIN					SACRUM		CONCAVE	STRAIGHT		ANTERI	OR
RECTUM GYNECOID PELVIC TYPE YES NO	LYMPH NODES					SUBPUBIC ARCH		NORMAL	WIDE	1	NARRO	w
	RECTUM				GYNECOID PELVIC TYPE		YES	NO				

COMMENTS (List type and explain abnormality)

PROBLEMS			PLAN	9		MEDICATION LIST							
FRODELING			FLAN	5		TYPE		START DATE	STOP DATE				
			E	STIMATED DI	ELIVERY DATE	(EDD)							
				FIRMATION									
ACTION	D	ATE	١	WEEKS	EDD	INITI	AL EDD						
LMP													
INITIAL EXAM						INITI	ALED BY						
ULTRASOUND													
				18-20 V	VEEK UPDATE								
ACTION		ORIG. D	ATE	WEEKS	NEW DATE	FINA	L EDD						
QUICKENING													
FUNDAL HT. AT UMBIL.						INITI	ALED BY						
FHT W/FETOSCOPE	FHT W/FETOSCOPE												
ULTRASOUND													
PATIENT'S IDENTIFICATION (F N	ne last, first, mic Grade)	Idle; ID	REGISTE	R NO.	W	ARD NO.							

IAME FIRST NAME										MIDDLE INITIAL ID NUMBER						
WEEKS GEST. (BEST EST.)	FUNDAL HEIGHT (CM)	PRESENTATION	FHR	FETAL MOVEMENT	PRETER SIGNS/SY PRESENT		CERVIX EXAM (DIL./EFF./ STA.)	BLOOD PRES- SURE		WEIGHT	URINE (GLUCOSE/ ALBUMIN)	NEXT APPOINT- MENT <i>(Date</i>)	PROVIDER (Initials)	COMMENTS		
									1MEN ⁻	ſS						
	MEEKS GEST.	MEEKS GEST. MEEKS GEST. <t< td=""><td>MEEKS GEST. WEEKS GEST. WEEKS GEST. MEEKS GEST.</td><td>Image: Constraint of the state of the s</td><td>MEEKS GEST. MEEKS GEST. MOVEMENT</td><td></td><td></td><td></td><td>VISITS VISITS PRETERM LABOR SIGNS/SYMPTOMS MEES SURE BLOOD PRES- SURE PRESENT ABSENT BLOOD PRES- SURE Image: Stress of the strest</td><td>VISITS VISITS Image: Signed symposize of sympo</td><td>VISITS</td><td>VISITS VISITS VISITS URINE SIGNS/SYMPTOMS BLOOD PRES- SURE URINE VISITS BLOOD PRES- SURE URINE VISITS BLOOD PRES- SURE URINE VISITS PRESENT ABSENT SURE URINE VISITS URINE URINE URINE URINE VISITS URINE URINE URINE URINE URINE VISITS URINE Image: Sure Sure URINE URINE VISITS URINE Image: Sure Im</td><td>VISITS VISITS VISITS VISITS URINE URINE URINE URINE URINE URINE URINE URINE URIN URIN URIN URIN URIN URIN URIN URIN</td><td>VISITS VISITS VI</td></t<>	MEEKS GEST. WEEKS GEST. WEEKS GEST. MEEKS GEST.	Image: Constraint of the state of the s	MEEKS GEST. MOVEMENT				VISITS VISITS PRETERM LABOR SIGNS/SYMPTOMS MEES SURE BLOOD PRES- SURE PRESENT ABSENT BLOOD PRES- SURE Image: Stress of the strest	VISITS VISITS Image: Signed symposize of sympo	VISITS	VISITS VISITS VISITS URINE SIGNS/SYMPTOMS BLOOD PRES- SURE URINE VISITS BLOOD PRES- SURE URINE VISITS BLOOD PRES- SURE URINE VISITS PRESENT ABSENT SURE URINE VISITS URINE URINE URINE URINE VISITS URINE URINE URINE URINE URINE VISITS URINE Image: Sure Sure URINE URINE VISITS URINE Image: Sure Im	VISITS VISITS VISITS VISITS URINE URINE URINE URINE URINE URINE URINE URINE URIN URIN URIN URIN URIN URIN URIN URIN	VISITS VI		

LABORATORY AND EDUCATION

	TYPE	DATE	RES	ULT	REVIEWED	COMMENTS/ADDITIONAL LAB
			A	В		
	BLOOD TYPE		AB	0		
	D (RH) TYPE					
	PAP TEST		NORMAL	OTHER		
	FAFILOI		ABNORMAL			
	HIV COUNSELING/TESTING		POSITIVE	DECLINED		
S			NEGATIVE	DEGENTED		
- LAB	ANTIBODY SCREEN					
INITIAL LABS	RUBELLA					
=	VDRL					
	HCT/HGB		PERCENTAGE	G/DL		
	URINE CULTURE/SCREEN					
	HB s AG					
	HGB ELETROPHORESIS		AA AS SC AF	SS AC TA2		
BS	PPD					
AL LA	CHLAMYDIA					
OPTIONAL LABS	GC					
ОР	TAY-SACHS					
	OTHER					
(pə	ULTRASOUND					
LABS d/elected)	MSAFP/MULTIPLE MARKERS					
VEEK	AMNIO/CVS					
8-18 WEEK LABS (When indicated/elect	KARYOTYPE		46, XX 46, XY	OTHER		
IM)	AMNIOTIC FLUID (AFP)		NORMAL	ABNORMAL		
PATIE	ENT'S IDENTIFICATION (For type or SSN;	ed or written entries, gi Sex; Rank/Grade)	ive: Name last, first, mi	iddle; ID No.	REGISTER NO.	WARD NO.

STANDARD FORM 533 (REV. 12-1999) PAGE 5

NSN 7540-00-634-4276

LAST NAME			FIRS	T NAME				MIDDLE INITIAL ID NUMBER				
	TYPE	DATE		RE	SUL	T	RE	VIEWED	COMMENTS/ADDITIONAL LAB			
	HCT/HGB		P	PERCENTAGE	G/[DL						
LABS	DIABETES SCREEN		1	HOUR								
VEEK	GTT (If screen abnormal)		_	FBS 2 HOUR		1 HOUR 3 HOUR						
24-28 WEEK LABS	D (RH) ANTIBODY SCREEN			I		1						
2	D IMMUNE GLOBULIN (RHG) GIVEN (28 WEEKS)		S	GIGNATURE								
	HCT/HGB (Recommended)		P	PERCENTAGE	G/I	DL						
BS	ULTRASOUND											
32-36 WEEK LABS	VDRL											
36 WE	GC											
32-:	CHLAMYDIA											
	GROUP B STREP (35-37 WEEKS)											
					NS/E	DUCATION						
	TYPE	C	DMN	MENTS		T	YPE		COMMENTS			

	TYPE	COMMENTS	TYPE	COMMENTS	5
	COUNSELED		NEWBORN CAR SEAT		
	ANESTHESIA PLANS		POSTPARTUM BIRTH CONTROL		
	TOXOPLASMOSIS PRECAUTIONS (CATS/RAW MEAT)		ENVIRONMENTAL/WORK HAZARDS		
	CHILDBIRTH CLASSES		TUBAL STERILIZATION		
	PHYSICAL/SEXUAL ACTIVITY		VBAC COUNSELING		
	LABOR SIGNS		CIRCUMCISION		
	NUTRITION COUNSELING		TRAVEL		
	BREAST OR BOTTLE FEEDING		LIFESTYLE, TOBACCO, ALCOHOL		
RE	SULTS		•	TUBAL STERILIZA	ATION
				DATE CONSENT SIGNED	INITIALS

COMMENTS/COUNSELING

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

PROGRESS NOTES

PATIENT'S IDENTIFICATION (For typed or written entries,	, give: N	lame las	st, first,	middle;	ID No.
or SSN; Sex; Rank/Grade)					

REGISTER NO.	WARD NO.

STANDARD FORM 533 (REV. 12-1999) PAGE 7

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

PROGRESS NOTES

							D	ELIVER		FORMA	TION	1						
DELI	VERY DATE						_					F DEL	IVE	RY				
-										CESAREAN								
DELIVERY AT (Weeks)												FOR	2			DED	EAT-FAILED VBAC	
				SVD EPISIOTOMY VACUUM LACERATIONS					-	PRIMAR		•			-	TRANSVERSE		
				FORCEPS VBAC					CLASSICAL			REPEAT - ELECTIVE		=	-	VERTICAL		
				LABOR							57 (L			ANESTH		12011		
						NONE EPIDURAL						GENERAL						
INDUCED				NO LABOR						LOCAL/PUDENDAL				SPINAL		OTH		
										COMPLICATIONS								
NONE HEMORRHAGE INFECTION							HYPERTENSION OTHER:											
				DISCHARGE INFORM					IAT	ATION							DISCHARGE DATE	
								NE	ON	ATAL								
		5	SEX							DISPO	DSIT	ION			COMP	LICATIC	NS/ANOMALIES	
	FEMALE		C	CIRCUMCISIO	N			HOME WIT	н мс	THER	N	IEONAT	TAL [DEATH				
	MALE		YES	Ν	10		-	TRANSFER	ł		С	THER						
BIRT	H WEIGHT	NAM	IE OF BA	ABY			:	STILLBIRTH	ł									
								IN HOSPIT/										
				1					\TE	RNAL								
HB/H	ICT LEVEL			CONTRACE	PTIVE N	IETHOD) (lf a	applicable)				MEDIC	CATI	ONS				
	FEEDING ME	THOD		DIAGNOSTIC	C STUD	IES PEN	NDIN	G										
	BREAST	BOT	TLE															
	SECON	IDARY D	IAGNOS	IS/PREEXIST	ING CC	NDITIO	NS			FOLLOW-UP APPOINTMENT								
	ASTHMA			OTHER					DATE LOCATION									
	DIABETES																	
	HYPERTENSION																	
				ZATIONS GIVI	EN				REMARKS									
	D (Rho)(D)) IMMU	INE GLO	BULIN						_									
	DIABETES								_									
	OTHER:							INTER		ONTAC	те							
	DATE									COM		т						
	DATE									001								
SIGN	IATURE OF PROV	IDER (AS	S REQU	IRED)														
PATI	ENT'S IDENTIFICA			or written entr ex; Rank/Grad		e: Name	la:	st, first, mid	dle; l	D No.		REGIS	TER	NO.			WARD NO.	

STANDARD FORM 533 (REV. 12-1999) PAGE 9

NSN	7540-00-634-4276
-----	------------------

LAST NAME	FIRST NAME		MIDDLE INITIAL ID NU	MIDDLE INITIAL D NUMBER					
		POSTPARTUM VISITS							
DATE ALLERGIES		<u> </u>							
LAB STUDIES REQUESTED		MEDICATIONS	/CONTRACEPTION						
HGB/HCT	LAST PAP SMEAR (Date)		CONTRACEPTION DISPENSED						
INTERIM HISTORY		FEEDING MET	HOD						
		CONTRACEPT	IVE METHOD						
	INTERV	AL CARE RECOMMENT	DATIONS						
FOR GENERAL HEALTH PROMOTION									
FOR REPRODUCTIVE HEALTH PROMOTION	I								
REFERRALS									
RETURN VISIT (Date)	EXAMINED BY								
	L	PHYSICAL EXAM							
BP	WEIGHT		PAP SMEAR	NO					
ITEM	NORMAL	ABNORMAL	COMM	ENTS					
BREASTS									
ABDOMEN									
EXTERNAL GENITALS									
VAGINA									
CERVIX									
UTERUS									
ADNEXA									
RECTAL-VAGINAL									

COMMENTS

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.

STANDARD FORM 533 (REV. 12-1999) PAGE 11