

PRENATAL RECORD

WOMENS HEALTHCARE PHYSICIANS INC.

Newport Office
 Orange Office

Date: _____ Patient Name _____ Age _____ Race _____ Religion _____ Country of Birth _____ Occupation _____

Address _____ Phone _____

Name of Father of Child _____ Age _____ Ht. _____ Wt. _____ Significant diseases _____ Marital Status _____
 S M W D Sep.

LMP _____ EDC _____ Name of Physician _____

LMP DEFINITE APPROXIMATE (MONTH KNOWN) MENSES MONTHLY YES NO FREQUENCY: Q _____ DAYS CONCEPTION DATE _____
 UNKNOWN NORMAL AMOUNT/DURATION PRIOR MENSES _____ DATE ON BCPS AT CONCEPT YES NO HGG + _____/_____/_____

TOTAL PREG	FULL TERM	PREMATURE	ABORTIONS INDUCED	ABORTIONS SPONTANEOUS	ECTOPICS	MULTIPLE BIRTHS	LIVING

PAST PREGNANCIES

DATE MO/YR	GA WEEKS	LENGTH OF LABOR	BIRTH WEIGHT	TYPE DELIVERY	ANES	PLACE OF DELIVERY	PERINATAL MORTALITY YES/NO	TREATMENT PRETERM LABOR YES/NO	COMMENTS/ COMPLICATIONS

PAST MEDICAL HISTORY

	O NEG + POS.	DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT		O NEG + POS.	DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT
1. DIABETES			16. Rh SENSITIZED		
2. HYPERTENSION			17. TUBERCULOSIS		
3. HEART DISEASE			18. ASTHMA		
4. RHEUMATIC FEVER			19. ALLERGIES (DRUGS)		
5. CHLAMYDIA, GC, SYPHILIS			20. GYN SURGERY		
6. KIDNEY DISEASE/UTI			21. OPERATIONS/HOSPITALIZATIONS (YEAR & REASON)		
7. NEUROLOGIC/EPILEPSY					
8. PSYCHIATRIC			22. ANESTHETIC COMPLICATIONS		
9. HEPATITIS/LIVER DISEASE			23. HISTORY OF ABNORMAL PAP		
10. VARICOSITIES/PHLEBITIS			24. UTERINE ANOMALY		
11. THYROID DYSFUNCTION			25. INFERTILITY		
12. MAJOR ACCIDENTS			26. IN UTERO DES EXPOSURE		
13. HISTORY OF BLOOD TRANSFUS					
	AMT/DAY PREPREG	AMT/DAY PREG	#YRS USE	27. STREET DRUGS	
14. TOBACCO				28. HERPES	
15. ALCOHOL					

Patient
Husband

Misc Comments