Albuquerque Service Unit: MEDICAL RECORD - PRENATAL and PREGNANCY

Phone: (H)	Patient's Name:		Age:	Tribe:	Addre	ss:			
Pare Premature SAB: TAB: Living Sallbirth: Neonatal Death:		Fat	her of Baby:		Tribe/Et	hnicity:			Age:
Date Test Result Hct	Pregnancy History: Grav: Para: Term:	Premature	: SAB:	TAB:	Living:	5	Stillbirth:	Neonatal Death:	
Mc/Hgb	GESTATIONAL AGE ASSESSMENTS:					ORY F			
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Diabetes Screen	Hea of BCD'er, Von T. No T. Lost		Ty	rpe & Rh		:	اد	RPR	
Diabetes Screen Diabetes S			Ar	ntibodies		1	>	UA	
HIV		1	Se	erology		č	2	UA C&S	
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Date	CLINIC EVALUATION: Ultrasound scan:	<u> </u>						GBS	
UA & Micro		<u>iz</u> i						020	
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PRENATAL RECORD										
Ht: DATE										
Estimated Weeks Gestation D/S										
WT. PrePreg										
Blood Pressure										
Fundal Height										
Position										
Fetal Movement										
Fetal Heart: FS-DOP										
Edema										
UA: Protein										
Risk Assessment										
Provider Initials										
Patient's Identification	Signa	ture Code: Init	ials		Signature	& Title				
	WIC:	Yes 🗖 No	J Medic	aid: Yes 🗖	No 🗖	Hospital fo	or Delivery	/ :		
	Labor	Labor Support:								
	Childl	Childbirth Education:								

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