

## Albuquerque Service Unit: MEDICAL RECORD - PRENATAL and PREGNANCY

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Tribe: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Father of Baby: \_\_\_\_\_ Tribe/Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_

Pregnancy History: Grav: \_\_\_\_\_ Para: \_\_\_\_\_ Term: \_\_\_\_\_ Premature: \_\_\_\_\_ SAB: \_\_\_\_\_ TAB: \_\_\_\_\_ Living: \_\_\_\_\_ Stillbirth: \_\_\_\_\_ Neonatal Death: \_\_\_\_\_

**GESTATIONAL AGE ASSESSMENTS:**

LMP: \_\_\_\_\_ Certain? \_\_\_\_\_

Use of BCP's: Yes  No  Last Taken? \_\_\_\_\_

Use of Depo: Yes  No  Last Taken? \_\_\_\_\_

**CLINIC EVALUATION:** Ultrasound scan:

Date \_\_\_\_\_ Gestational Age \_\_\_\_\_

Sonar EDC \_\_\_\_\_

Date \_\_\_\_\_ Gestational Age \_\_\_\_\_

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**LABORATORY FINDINGS**

	First Prenatal Lab				Other Lab		
	Date	Test	Result		Date	Test	Result
First Prenatal Lab		Hct/Hgb		28 Wk Lab		Hct	
		Type & Rh				RPR	
		Antibodies				UA	
		Serology				UA C&S	
		HIV				Diabetes Screen	
		HepBsAg					
		Rubella				GBS	
		Diabetes Screen					
		UA & Micro				AFP/Triple Screen	
		UA C&S					
	Pap						
	GC						
	Chlamydia						

Influenza Vaccine Date Given: \_\_\_\_\_ dT Date Given: \_\_\_\_\_

**PRENATAL RISK ASSESSMENT:**

REPRODUCTIVE HISTORY	ASSOCIATED CONDITIONS	PRESENT PREGNANCY
Age Under 16 or Over 35 _____ 1	<b>Chronic Renal Disease</b> _____ 2	<b>Bleeding: Less than 20 wks</b> _____ 1
Parity 0 or Over 5 _____ 1	Diabetes: Gestational _____ 2	After 20 wks _____ 1-3
Habitual Abortion _____ 1	Class B or Higher _____ 3	Anemia: Hematocrit <34 _____ 1
Infertility _____ 1	Cardiac Disease _____ 1-3	Prolonged Pregnancy >42 wks _____ 3
P P Hemorrhage, Manual Removal _____ 1	Major Gyn Surgery, Cone Biopsy _____ 2	Hypertension, Preeclampsia _____ 2-3
Previous Baby >9lbs. (4050 gms) _____ 1	_____ 1-3	Premature Rupture of Membranes _____ 3
<5½ lbs (2500 gms) _____ 2	_____ 1-3	Polydramnios _____ 3
Previous Toxemia, Hypertension _____ 1	Cigarette Smoking _____ 1	Small for Dates _____ 3
Previous Cesarean Section _____ 3	Teratogen/Drug Exposure _____ 1-2	Multiple Pregnancy _____ 3
Previous Stillbirth or N N D _____ 3	Significant Social Problem _____ 1-2	Breech > 36 weeks _____ 3
Prolonged Labor (> 30 Hrs.) or _____ 1	Alcohol Use Screens _____ 1-2	Rh Negative. Sensitized? _____ 1-3
Difficult Delivery _____ 1	Domestic Violence Screens _____ 1-2	Genital Herpes, active _____
		Excessive or inadequate wt. gain _____ 1-2
		_____ 1-3

Obstetric Prognosis and Management Plan for at Risk Conditions:

**PRENATAL RECORD**

Ht: _____	DATE								
Estimated Weeks Gestation	D/S								
WT. Pre	Preg								
Blood Pressure									
Fundal Height									
Position									
Fetal Movement									
Fetal Heart: FS-DOP									
Edema									
UA: Protein									
Risk Assessment									
Provider Initials									
Patient's Identification									

Signature Code: Initials	Signature & Title
WIC: Yes <input type="checkbox"/> No <input type="checkbox"/> Medicaid: Yes <input type="checkbox"/> No <input type="checkbox"/> Hospital for Delivery: _____	
Labor Support: _____	
Childbirth Education: _____	

