PRENATAL RECORD

State Form 46336 (1-94)

CONFIDENTIAL

INDIANA DEPARTMENT OF CORRECTION

MEDICAL HISTORY

PRESENT

LMP	Quickening	EDC

Check box if positive and describe findings

☐ Nausea ☐ Fatigue ☐ Headache ☐ Urinary ☐ Leukorrhea ☐ Infections ☐ _____

☐ Vomiting ☐ Constipation ☐ Visual Dist. ☐ Edema ☐ Bleeding ☐ Accidents ☐ _____

Current medication

Comments

FAMILY

☐ Diabetes ☐ Hypertension ☐ Multiple Births ☐ Heart Disease ☐ Congenital Disease

Comments

PAST

Prior method of contraception	Menarche	Cycle	Duration

☐ HEENT ☐ Respiratory ☐ Neuropsych ☐ Allergies ☐ Hospitalization

☐ Cardiovas ☐ G.I. ☐ G.U. ☐ Transfusions ☐ Operations ☐ Childhood Diseases

Comments

Prenatal classes ☐ Yes ☐ No	Where?

PREVIOUS PREGNANCY

No.	Mo. / Yr.	Mo. of Gest.	Sex	Duration Of Labor	Type of Del.	Anesth.	Birth Weight	Infant Complications	Mother Complications
1									
2									
3									
4									
5									
6									
7									
8									

PATIENT IDENTIFICATION

Full name	
Number	
Date of birth (mo., day, yr.)	Lock

PHYSICAL EXAMINATION

☐ Skin ☐ Breast ☐ Cardio ☐ Abdomen ☐ Extremities ☐ HEENT ☐ Neck ☐ Lungs ☐ Neurogical ☐ Nodes	Height	Weight	Non-pregnant weight
Comments			

External genitalia	Vagina	Cervix
Uterus	Adnexa	Rectum
Diagonal conjugate	Pubic arch	Bi-ischial

Spines ☐ Blunt ☐ Sharp	Sacrum	Type of pelvis ☐ Adequate ☐ Inadequate ☐ Borderline

LABORATORY DATA

Serology ☐ Positive ☐ Negative	Date (mo., day, yr.)	Pap smear	G.C. culture
Rubella Titer	Hgb	Hct	Blood type

SUBSEQUENT VISITS

Date	Gest. Week	B.P.	Weight	Urine P / S	Edema	FHR	Fundus Ht.	Position	Return	Comments

Risk condition	
Signature of M.D.	Date signed (month, day, year)