DATE _____

NAME _____
LAST FIRST MIDDLE

ID# _____ HOSPITALOFDELIVERY _____

NEWBORN'SPHYSICIAN _____ REFERREDBY _____

FINALEDD _____ PRIMARYPROVIDER/GROUP _____

BIRTHDATE	AGE	RACE	MARITALSTATUS S M W D SEP	ADDRESS

OCCUPATION
☐ HOMEMAKER
☐ OUTSIDEWORK
☐ STUDENT TypeofWork

EDUCATION (LASTGRADECOMPLETED)

ZIP PHONE (H) (O)

INSURANCECARRIER/MEDICAID#

HUSBAND/FATHEROFBABY PHONE

EMERGENCYCONTACT PHONE

TOTALPREG	FULLTERM	PREMATURE	AB.INDUCED	AB.SPONTANEOUS	MULTIPLEBIRTHS	ECTOPICS	LIVING

MENSTRUALHISTORY

LMP ☐ DEFINITE ☐ APPROXIMATE(MONTHKNOWN) MENESMONTHLY ☐ YES ☐ NO FREQUENCY:Q_____ DAYS MENARCHE _____(AGEONSET)
☐ UNKNOWN ☐ NORMALAMOUNT/DURATION PRIORMENES_____DATE ONBCPATCONCEPT. ☐ YES ☐ NO hCG+ _____ / _____ / _____
☐ FINAL _____

PASTPREGNANCIES(LASTSIX)

DATE MONTH/ YEAR	GA WEEKS	LENTGH OF LABOR	BIRTH WEIGHT	SEX M/F	TYPE DELIVERY	ANES	PLACEOF DELIVERY	PRETERM LABOR YES/NO	COMMENTS/COMPLICATIONS

PASTMEDICALHISTORY

	ONeg +Pos	DETAILPOSITIVEREMARKS INCLUDEDATE&TREATMENT
1.DIABETES		
2.HYPERTENSION		
3.HEARTDISEASE		
4.AUTOIMMUNEDISORDER		
5.KIDNEYDISEASE/UTI		
6.NEUROLOGIC/EPILEPSY		
7.PSYCHIATRIC		
8.HEPATITIS/LIVERDISEASE		
9.VARICOSITIES/PHLEBITIS		
10.THYROIDDYSFUNCTION		
11.TRAUMA/DOMESTICVIOLENCE		
12.HISTORYOFBLOODTRANSFUS		

	AMT/DAY PREPREG	AMT/DAY PREPREG	#YEARS USE
13.TOBACCO			
14.ALCOHOL			
15.STREETDRUGS			

	ONeg +Pos	DETAILPOSITIVEREMARKS INCLUDEDATE&TREATMENT
16.D(Rh)SENSITIZED		
17.PULMONARY(TB,ASTHMA)		
18.ALLERGIES(DRUGS)		
19.BREAST		
20.GYNSURGERY		
21.OPERATION/HOSPITALIZATIONS (YEAR&REASON)		
22.ANESTHETICCOMPLICATIONS		
23.HISTORYOFABNORMALPAP		
24.UTERINEANOMALY/DES		
25.INFERTILITY		
26.RELEVANTFAMILYHISTORY		
27.OTHER		

COMMENTS: _____

TheAmericanCollegeofObstetriciansansGynecologists40912thStreetSWPOBox96920WashingtonDC20090-6920

SYMPTOMSSINCELMP

	YES	NO		YES	NO
1.PATIENT'SAGE(35OROLDER)			12.MENTALRETARDATION/AUTISM		
2.THALASSEMIA(ITALIAN,GREEK,MEDITERRANEAN,ORASIAN BACKGROUND)MCV<80			IFYES,WASPERSONTREATEDFORFRAGILEX?		
3.NEURALTUBEDEFECT (MENINGOMYELOCELE,SPINABIFIDA,ORANENCEPHALY)			13.OTHERINHERITEDGENETICORCHROMOSOMALDISORDER		
4.CONGENITALHEARTDEFECT			14.MATERNALMETABOLICDISORDER(EG.INSULINDEPENDENT DIABETES,PKU)		
5.DOWNSYNDROME			15.PATIENTORBABY'SFATHERHADACHILDWITHBIRTHDEFECTS NOTLISTEDABOVE		
6.TAY-SACHS(EG.JEWISH,CAJUN,FRENCH-CANADIAN			16.RECURRENTPREGNANCYLOSS,ORASTILLBIRTH		
7.SICKLECELLDISEASEORTRAIT(AFRICAN)			17.MEDICATIONS/STREETDRUGS/ALCOHOLSINCELASTMENSTRUAL PERIOD		
8.HEMOPHILIA			IFYES,AGENT(S)		
9.MUSCULARDYSTROPHY					
10.CYSTICFIBROSIS			18.ANYOTHER		
11.HUNTINGTONCHOREA					

COMMENTS/COUNSELING _____

INFECTIONHISTORY	YES	NO		YES	NO
1.HIGHRISKHEPATITISB/IMMUNIZED?			4.RASHORVIRALILLNESSSINCELASTMENSTRUALPERIOD		
2.LIVEWITHSOMEONEWITHTBOREXPOSEDTOTB			5.HISTORYOFSTD.GC.CHLAMYDIAHPV.SYPHILIS		
3.PATIENTORPARTNERHASHISTORYOFGENITALHERPES			6.OTHER(SEECOMMENTS		

COMMENTS _____

INTERVIEWER'SSIGNATURE _____

INITIALPHYSICALEXAMINATION

DATE ____ / ____ / ____ PREPREGNANCYWEIGHT _____ HEIGHT _____ BP _____

1.HEENT	☐ NORMAL	☐ ABNORMAL	12.VULVA	☐ NORMAL	☐ ABNORMAL
2.FUNDI	☐ NORMAL	☐ ABNORMAL	13.VAGINA	☐ NORMAL	☐ ABNORMAL
3.TEETH	☐ NORMAL	☐ ABNORMAL	14.CERVIX	☐ NORMAL	☐ ABNORMAL
4.THYROID	☐ NORMAL	☐ ABNORMAL	15.UTERUSSIZE	☐ NORMAL	☐ ABNORMAL
5.BREASTS	☐ NORMAL	☐ ABNORMAL	16.ADNEXA	☐ NORMAL	☐ ABNORMAL
6.LUNGS	☐ NORMAL	☐ ABNORMAL	17.RECTUM	☐ NORMAL	☐ ABNORMAL
7.HEART	☐ NORMAL	☐ ABNORMAL	18.DIAGONALCONJUGATE	☐ NORMAL	☐ ABNORMAL
8.ABDOMEN	☐ NORMAL	☐ ABNORMAL	19.SPINES	☐ NORMAL	☐ ABNORMAL
9.EXTREMITIES	☐ NORMAL	☐ ABNORMAL	20.SACRUM	☐ NORMAL	☐ ABNORMAL
10.SKIN	☐ NORMAL	☐ ABNORMAL	21.SUBPUBICARCH	☐ NORMAL	☐ ABNORMAL
11.LYMPHNODE	☐ NORMAL	☐ ABNORMAL	22.GYNECODPELVICTYPE	☐ NORMAL	☐ ABNORMAL

COMMENTS (Numberandexplainabnormals) _____

EXAMBY _____

NAME _____
LAST FIRST MIDDLE

DRUGALLERGY

RELIGIOUS/CULTURALCONSIDERATIONS _____ ANESTHESIACONSULTPLANNED ☐ YES ☐ NO

PROBLEMS/PLANS	MEDICATIONLIST:	StartDate	StopDate
1.	1.		
2.	2.		
3.	3.		
4.	4.		
5.	5.		
6.	6.		

EDDCONFIRMATION

INITIALEDD:
LMP ____ / ____ / ____ = EDD ____ / ____ / ____
INITIALEXAM ____ / ____ / ____ = ____ WKS = EDD ____ / ____ / ____
ULTRASOUND ____ / ____ / ____ = ____ WKS = EDD ____ / ____ / ____
INITIALEDD ____ / ____ / ____ INITIALEDBY _____

18-20-WEEKEDDUPDATE:

QUICKENING ____ / ____ / ____ +22WKS = ____ / ____ / ____
FUNDALHT.ATUMBIL ____ / ____ / ____ +20WKS = ____ / ____ / ____
FHTW/FETOSCOPE ____ / ____ / ____ +20WKS = ____ / ____ / ____
ULTRASOUND ____ / ____ / ____ = ____ WKS = ____ / ____ / ____
FINALEDD ____ / ____ / ____ INITIALEDBY _____

VISITDATE
____ (YEAR)

WEEKS GEST. (BEST EST)	FUNDAL HEIGHT (CM)	PRESENTATION	FHR	FETAL MOVEMENT	PRETERM LABOR SIGNS/SYMPTOMS +=PRESENT 0=ABSENT	CERVIX EXAM (DIL/EFF/STA)	BLOOD PRESSURE	EDEMA	WEIGHT	URINE GLUCOSE/ALBUMIN	NEXT APPOINTMENT	PROVIDER (INITIALS)	COMMENTS:

PROBLEMS: _____

COMMENTS: _____

ACOG ANTEPARTUM RECORD (FORM C)

LABORATORYANDEDUCATION

INITIALLABS	DATE	RESULT	REVIEWED
BLOODTYPE	___/___/___	A B AB O	
D(Rh)TYPE	___/___/___		
ANTIBODYSCREEN	___/___/___		
HCT/HGB	___/___/___	___% ___g/dl	
PAPTEST	___/___/___	NORMAL/ABNORMAL/ ___	
RUBELLA	___/___/___		
VDRL	___/___/___		
URINECULTURE/SCREEN	___/___/___		
HBsAg	___/___/___		
HIVCOUNSELING/TESTING	___/___/___	☐ POS ☐ NEG ☐ DECLINED	
OPTIONALLABS	**DATE**	**RESULT**	**REVIEWED**
HGBELECTROPHORESIS	___/___/___	AA AS SS AC SC AF Ta2	
PPD	___/___/___		
CHLAMYDIA	___/___/___		
GC	___/___/___		
TAY-SACHS	___/___/___		
OTHER	___/___/___		
8-18-WEEKLABS (WHENINDICATED)	**DATE**	**RESULT**	**REVIEWED**
ULTRASOUND	___/___/___		
MSAFP/MULTIPLEMARKERS	___/___/___		
AMNIO/CVS	___/___/___		
KARYOTYPE	___/___/___	46.XX OR 46.XY / OTHER	
AMINOTICFLUID(AFP)	___/___/___	NORMAL ___ ABNORMAL ___	
24-28-WEEKLABS (WHENINDICATED)	**DATE**	**RESULT**	**REVIEWED**
HCT/HGB	___/___/___	___% ___g/dl	
DIABETESSCREEN	___/___/___	___ 1HOUR	
GTT(IFSCREENABNORMAL)	___/___/___	___ FBS ___ 1HOUR ___ 2HOUR ___ 3HOUR	
D(Rh)ANTIBODYSCREEN	___/___/___		
DIMMUNEGLOBULIN(RhIG)GIVEN(28WKS)	___/___/___	SIGNATURE___	
32-36-WEEKLABS (WHENINDICATED)	**DATE**	**RESULT**	**REVIEWED**
HCT/HGB(RECOMMENDED)	___/___/___	___% ___g/dl	
ULTRASOUND	___/___/___		
VDRL	___/___/___		
GC	___/___/___		
CHLAMYDIA	___/___/___		
GROUPBSTREP(35-37WKS)	___/___/___		

COMMENTS/ADDITIONALLABS

PLANS/EDUCATION (COUNSELED ☐)

- ☐ ANESTHESIAPLANS ___
- ☐ TOXOPLASMOSISPRECAUTIONS(CATS/RAWMEAT) ___
- ☐ CHILDBIRTHCLASSESS ___
- ☐ PHYSICAL/SEXUALACTIVITY ___
- ☐ LABORSIGNS ___
- ☐ NUTRITIONCOUNSELING ___
- ☐ BREASTORBOTTLEFEEDING ___
- ☐ NEWBORNCARSEAT ___
- ☐ POSTPARTUMBIRTHCONTROL ___
- ☐ ENVIRONMENTAL/WORKHAZARDS ___
- ☐ TUBALSTERILIZATION ___
- ☐ VSACCOUNSELING ___
- ☐ CIRCUMCISION ___
- ☐ TRAVEL ___
- ☐ LIFESTYLE,TOBACCO,ALCOHOL ___

REQUESTS ___

TUBALSTERILIZATION DATE INITIALS

CONSENTSIGNED ___/___/___ ___

'ROVIDERSIGNATURE(ASREQUIRED) ___

NAME _____
LAST FIRST MIDDLE

ID# _____

SupplementalVisits

VISITDATE / (YEAR)	WEEKS GEST. (BEST EST.)	FUNDAL HEIGHT (CM)	PRESENTATION	FHR	FETAL MOVEMENT	PRETERM LABOR SIGNS/SYMPTOMS 1=PRESENT 2=ABSENT	CERVIX EXAM (DIL/EFF/STA)	BLOOD PRESSURE	EDEMA	WEIGHT	URINE GLUCOSE/ALBUMIN	NEXT APPOINTMENT	PROVIDER (INITIALS)	COMMENTS:

Progress Notes

PROVIDERSIGNATURE(REQUIRED) _____

AME _____
LAST FIRST MIDDLE

D # _____

ProgressNotes

PROVIDERSIGNATURE(REQUIRED) _____