



Antenatal Record (Part 4)

Final EDD		Initial Visit BMI	Placenta Location	City/Town		Postal Code	DOB
Blood Type		GBS		Telephone - Home/Cell			Telephone – Work
				Medicare Number	Expiry Date		Hospital File #

↓ PATIENT LABEL ↓

Patient's Last Name		Patient's First Name			
Address - Number, street name				Apt./Unit	Prov

RISK FACTORS/MANAGEMENT/CONSULTS

	Consults: <input type="checkbox"/> Obstetrics <input type="checkbox"/> Anesthesia <input type="checkbox"/> MFM <input type="checkbox"/> Pediatrics/NICU <input type="checkbox"/> Internal Medicine
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INITIAL PHYSICAL EXAM

Date	GA	B.P	Height (cm)	Weight at 1 st visit	Initial Visit BMI	Pelvic exam
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SUBSEQUENT VISITS

AGE AT EDD		G T P A L								
Date	Gest Age	SFH	Weight	BP	FHR/ FM	Position	Comments	Next visit	Signature	

Original copy in pregnant individual's clinical chart, copy in baby's clinical chart, copy family healthcare provider.