PérinatalNB

Antenatal Record (Part 1)

↓ PATIENT LABEL ↓		
Patient's last name	Patient's First Name	
Address – Number, street name		Apt./Suite/Unit
City/Town	Province	Postal Code
Telephone- Home/Cell	Telephone- Work	
Medicare Number	Expiry Date	Hospital File #

Date of Birth	Age	Occupation □ FT □ PT

Ethnic or Racial Background of Mother

□ Middle Eastern □ Hispanic □ French Canadian
□ Asian □ African Descent □ Mediterranean
□ First Nation □ Caucasian □ Jewish
□ Other (Specify) _____

Educational Level	Mother	Partner
Without high school diploma		
High school diploma		
Currently post-secondary		
College or trade diploma		
University Degree		

Marital Status
□ Single
□ Married
□ Divorced
□ Separated
□ Widowed
□ Common law

PRESENT PREGNANCY

Pre pregnancy folic acid : □ Yes □ No Dose : _____ (mcg)

FATHER / PARTNER / DONOR INFORMATION

Last Name	First Name	
Occupation □FT □PT		Age

HEALTHCARE PROVIDER

Family Physician / NP	Birth attendants:	Newborn care
	□ OBS □ Family Physician □ Midwife _____	□ Pediatrician □ Family Physician / NP □ Midwife

PHYSICAL EXAMINATION

Date	B.P.	Height (cm)	Pre-pregnancy weight	BMI	Breasts & Nipples	Pelvic exam
Normal □	Abnormal □ *(please describe below)*					

LIFESTYLE & SOCIAL HISTORY

Discussion	Discussed	Concerns	Referred
Occupational/ Environmental Risks			
Support System			
Interpersonal Violence			
Sexual Abuse			
Financial/Housing/ Prenatal Benefits			
Prenatal Classes			

Alcohol □ Yes □ No
Max. drinks/ day :
Before pregnancy: _____
Currently : _____

Smoking □ Never □ Quit/ Date :
Cigarettes/day :
Before pregnancy _____
Current _____
Exposure to 2nd hand smoke : □ Yes □ No

Marijuana □ Never □ Quit/ Date :
Usage per day:
Before pregnancy _____
Current _____

Other Substance Use □ Yes □ No
(Specify)

FAMILY HISTORY

☐ *UNKNOWN / ADOPTED*	Mother	Father *(Biological)*
Heart disease	□ Yes □ No	
Hypertension	□ Yes □ No	
Diabetes	□ Yes □ No	
Thyroid disorders	□ Yes □ No	
Thromboembolic (DVT/ PE) Hematologic	□ Yes □ No	
Multiple births	□ Yes □ No	
Congenital anomalies	□ Yes □ No	□ Yes □ No
Chromosome abnormalities	□ Yes □ No	□ Yes □ No
At risk population *(e.g. Ashkenazi, consanguinity, CF, sicklecell, Tay Sach, Thalassemia)*	□ Yes □ No	□ Yes □ No
Other		

Notes :

Date: _____ Signature: _____