Antenatal Record (Part 3)

↓ 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 #

Blood Type:	**Ultrasound T1** Date:_____ Results:	**Ultrasound T2** Date:_____ Results:
GBS:		

MATERNAL/FETAL

Identified Risk Factors	Plan of Management	Consults	Hospitalizations

SUBSEQUENT ASSESSMENTS

EDD	AGE	G P T A L	Pre-Pregnancy BMI

Date	Gest Age	SFH	Weight	BP	Urine Prot.	FHR/ FM	Pres. Position	Comments	Next visit date	Initials

Signature:	Initials:	Signature:	Initials:
Signature:	Initials:	Signature:	Initials:
Signature:	Initials:	Signature:	Initials:

DISCUSSION TOPICS

Nutrition	Weight gain	Exercise	Sexual activity	Breastfeeding classes	Prenatal Education
Travel	Work Plan	Fetal Movement	PROM / APH	On-call providers	Birth plan
Depression scale	GBS screen	Postpartum care	Newborn screening	Neonatal care	Contraception

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