Patient Addressograph

ACOG ANTEPARTUM RECORD

DATE_______________

NAME ____
LAST FIRST MIDDLE

ID # ____________________ HOSPITAL OF DELIVERY ____________________

NEWBORN'S PHYSICIAN ____________________ REFERRED BY ____________________

BIRTHDATE MO DAY YR	AGE	RACE W B O	MARITAL STATUS S M W D SEP	ADDRESS: ZIP: PHONE:
OCCUPATION ☐ HOMEMAKER ☐ OUTSIDE WORK______ ☐ STUDENT Type of Work		EDUCATION (LAST GRADE COMPLETED)		MEDICAID #/INSURANCE
EMERGENCY CONTACT:			RELATIONSHIP:	PHONE:

TOTAL PREG	FULL TERM	PREMATURE	ABORTIONS INDUCED	ABORTIONS SPONTANEOUS	ECTOPICS	MULTIPLE BIRTHS	LIVING

PAST PREGNANCIES (LAST SIX)

DATE MO / YR	GA WEEKS	LENGTH OF LABOR	BIRTH WEIGHT	TYPE DELIVERY	ANES	PLACE OF DELIVERY	PERINATAL MORTALITY YES / NO	TREATMENT PRETERM LABOR YES / NO	COMMENTS / COMPLICATIONS

PAST MEDICAL HISTORY

	O Neg + Pos.	DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT			
			RH SENSITIZED		
DIABETES			TUBERCULOSIS		
HYPERTENSION			ASTHMA		
HEART DISEASE			ALLERGIES (DRUGS)		
RHEUMATIC FEVER			GYN SURGERY		
MITRAL VALVE PROLAPSE			OPERATIONS/HOSPITALIZATIONS (YEAR & REASON)		
KIDNEY DISEASE/UTI					
NERVOUS AND MENTAL			ANESTHETIC COMPLICATIONS		
EPILEPSY			HISTORY OF ABNORMAL PAP		
HEPATITIS/LIVER DISEASE			UTERINE ANOMALY		
VARICOSITIES/PHLEBITIS			INFERTILITY		
THYROID DYSFUNCTION			IN UTERO DES EXPOSURE		
MAJOR ACCIDENTS			STREET DRUGS		
HISTORY OF BLOOD TRANSFUSION			OTHER		
USE OF TOBACCO		# CIGS / DAY PRIOR TO PREG______ # CIGS / DAY NOW______ AGE ONSET SMOKING______YEARS	USE OF ALCOHOL		# DRINKS / WK PRIOR TO PREG______ # DRINKS / WK NOW______ AGE ONSET DRINKING______YEARS

INFECTION SCREENING	YES	NO	PATIENT OR PARTNER HAVE HISTORY OF GENITAL HERPES?		
HIGH RISK AIDS?			RASH OR VIRAL ILLNESS SINCE LAST MENSTRUAL PERIOD?		
HIGH RISK HEPATITIS B?			HISTORY OF STD, GC, CHLAMYDIA, HPV, SYPHILIS?		
LIVE WITH SOMEONE WITH TB OR EXPOSED TO TB?			OTHER?		

GENETICS SCREENING

INCLUDES PATIENT, BABY'S FATHER, OR ANYONE IN EITHER FAMILY WITH:

	YES	NO		YES	NO
1. PATIENT'S AGE ≥35 YEARS?			10. HUNTINGTON CHOREA?		
2. ITALIAN, GREEK, MEDITERRANEAN, OR ORIENTAL BACKGROUND (MCV < 80)?			11. MENTAL RETARDATION?		
3. NEURAL TUBE DEFECT (MENINGOMYELOCELE, OPEN SPINE, OR ANENCEPHALY)?			IF YES, WAS PERSON TESTED FOR FRAGILE X?		
4. DOWN SYNDROME			12. OTHER INHERITED GENETIC OR CHROMOSOMAL DISORDER?		
5. JEWISH (TAY-SACHS)			13. PATIENT OR BABY'S FATHER HAD A CHILD WITH BIRTH DEFECTS NOT LISTED ABOVE, ≥ 3 FIRST-TRIMESTER SPONTANEOUS ABORTIONS, OR A STILLBIRTH?		
6. SICKLE CELL DISEASE OR TRAIT?					
7. HEMOPHILIA?			14. MEDICATIONS OR STREET DRUGS SINCE LAST MENSTRUAL PERIOD?		
8. MUSCULAR DYSTROPHY?			IF YES, AGENT(S)		
9. CYSTIC FIBROSIS?					

COMMENTS ______________________________

PRESENT PREGNANCY

	O Neg + Pos.	DETAIL POSITIVE REMARKS INCLUDE DATE & TYPE RX.	5. HEADACHE		
1. VAGINAL BLEEDING			6. ABDOMINAL PAIN		
2. VAGINAL DISCHARGE / ODOR			7. URINARY COMPLAINTS		
3. VOMITING			8. FEBRILE EPISODE		
4. CONSTIPATION			9. OTHER		

COMMENTS ______________________________

INTERVIEWER'S SIGNATURE ______________

INITIAL PHYSICAL EXAMINATION

DATE ____/____/____ PRE-PREGNANCY WEIGHT ______ HEIGHT ______ BP ______

1. HEENT	☐ NORMAL	☐ ABNORMAL	12. RECTUM	☐ NORMAL	☐ ABNORMAL	
2. FUNDI	☐ NORMAL	☐ ABNORMAL	13. VULVA	☐ NORMAL	☐ CONDYLOMA	☐ LESIONS
3. TEETH	☐ NORMAL	☐ ABNORMAL	14. VAGINA	☐ NORMAL	☐ INFLAMMATION	☐ DISCHARGE
4. THYROID	☐ NORMAL	☐ ABNORMAL	15. CERVIX	☐ NORMAL	☐ INFLAMMATION	☐ LESIONS
5. BREASTS	☐ NORMAL	☐ ABNORMAL	16. UTERUS	☐ NORMAL	☐ ABNORMAL	☐ FIBROIDS ____ WEEKS
6. LUNGS	☐ NORMAL	☐ ABNORMAL	17. ADNEXA	☐ NORMAL	☐ MASS	
7. HEART	☐ NORMAL	☐ ABNORMAL	18. DIAGONAL CONJUGATE	☐ REACHED	☐ NO	______ CM
8. ABDOMEN	☐ NORMAL	☐ ABNORMAL	19. SPINES	☐ AVERAGE	☐ PROMINENT	☐ BLUNT
9. EXTREMITIES	☐ NORMAL	☐ ABNORMAL	20. SACRUM	☐ CONCAVE	☐ STRAIGHT	☐ ANTERIOR
10. SKIN	☐ NORMAL	☐ ABNORMAL	21. ARCH	☐ NORMAL	☐ WIDE	☐ NARROW
11. LYMPH NODES	☐ NORMAL	☐ ABNORMAL	22. PELVIC TYPE	GYNECOID	☐ YES	☐ NO

COMMENTS (Number and explain abnormals) ______________________________

EXAM BY: ______________