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| **Tanggal** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | **Register** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **IDENTITAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.** | | **Nama** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | **Umur** | | | | | | | | | | | | |  | | | | | | | | | **tahun** | | | | | | | |
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|  | | **Nomor Hp** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | **Pekerjaan suami** | | | | | | | | | | | | |  | | | | Pegawai PT | | | | | | | | | | | | |
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| **3.** | | **Status pernikahan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Keterangan tambahan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.** | | **Riwayat alergi obat** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | **Tidak pernah** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | **Pernah =** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **RIWAYAT OBSTETRI - GINEKOLOGI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.** | | **Riwayat persalinan/ kehamilan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **HPHT** | | | | |  | | | | | | | | | | | | **TP** | | | | | | |  | | | | | |
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|  | | **Keterangan tambahan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.** | | **Riwayat operasi organ kandungan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | **Operasi sesar** | | | | | | | | | | | | | | | | | | **=** | | | | |  | | | | **x** |
|  | |  | | **Kuret keguguran** | | | | | | | | | | | | | | | | | | **=** | | | | |  | | | |  |
|  | |  | | **myomektomi** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Keterangan tambahan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7.** | | **Riwayat ANC pada hamil ini** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | **SpOG** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Hasil USG yang lalu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | **Bidan (buku pink) 🡪 HPHT-TP** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8.** | | **Riw. haid** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | **Teratur** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | **Tak teratur** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | **Lamanya haid** | | | | | | | | | | | | | **=** | | | |  | | | | | | | | **hari** | | |
|  | |  | | **Nyeri haid** | | | | | | | | | | | | |  | | | | **(+)** | | | | | | | |  | **(-)** | |
|  | | **Keterangan tambahan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **9.** | | **Faktor resiko PE/E** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Primigravida | | | | | | | | | |  | | | Primitua sekunder | | | | | | | | | | | | | | | | | |
|  | Primimuda | | | | | | | | | |  | | | Primitua | | | | | | | | | | | | | | | | | |
|  | ATK ≥ 10thn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Hipertensi | | | | | | |  | | Kronis | | | | | | | | | | |  | | | | pada hamil yl | | | | | | |
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|  |  | | | | | | |  | | Riw keluarga kandung PE/E | | | | | | | | | | | | | | | | | | | | | |
|  | U≥35 thn | | | | | | |  | | Obesitas | | | | | | | | | | |  | | | | Gemelli | | | | | | |
|  | Penyakit sistemik | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | DM | | | | | |  | | | Ginjal | | | | | | | | | | | | | | | | | | |
|  | |  | | PCOS | | | | | |  | | | hipertiroid | | | | | | | | | | | | | | | | | | |
|  | |  | | SLE | | | | | |  | | | Asthma | | | | | | | | | | | | | | | | | | |
|  | |  | | Jantung | | | | | |  | | |  | | | | | | | | | | | | | | | | | | |
| **10.** | | **Riwayat pemakaian KB terakhir** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | Tidak KB | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Stop KB=** | | | | | | |  | | | | | | Tahun yl | | | | | | | | | | | | | | | | |
| **RIWAYAT MEDIS UMUM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11.** | | **Riwayat penyakit pasien saat ini** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | HT KRONIS | | | | | | | | | | | | | | | | | | | | |  | | | | DM | | | |
|  | |  | PE/E | | | | | | | | | | | | | | | | | | | | |  | | | | SLE | | | |
|  | |  | TIROID | | | | | | | | | | | | | | | | | | | | |  | | | | GINJAL | | | |
|  | |  | HEPATITIS | | | | | | | | | | | | | | | | | | | | |  | | | | HIV/ AIDS | | | |
|  | |  | TBC | | | | | | | | | | | | | | | | | | | | |  | | | | MALARIA | | | |
|  | |  | THALASEMIA | | | | | | | | | | | | | | | | | | | | |  | | | | ASTHMA | | | |
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|  | | **RPK** | | | | Ibu kandung | | | | | | | | | | | |  | | | | Tidak diketahui | | | | | | | | | |
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|  | |  | | | | Ayah kandung | | | | | | | | | | | |  | | | | Tidak diketahui | | | | | | | | | |
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| **12.** | | **Riw. Operasi lain** | | | | | | | | | | | | | | | |  | | | | Tidak pernah | | | | | | | | | |
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