HAPPY FAMILY MIDWIFE CLINIC

(Birthing Home & Family Planning)

Lower Jasaan, Misamis Oriental

(Contact Number: (08822) 760-041, cell# 09178859217)

PATIENT INFORMATION:

Date of Registration: date_registration	Family Serial Number: family_serial_no			PhilHealth (✔) yes / (✔) no PHC Number:
Last Name: last_name	Given Name: given_name			Middle Name: middle_name
Complete Address: complete_address			Age: age	Civil Status: civil_status
Birthday: birthday	Birth Place: birth_place			Religion: religion
Occupation: occupation	Blood Type: blood_type		Menarche: menarche	Contact #: contact_number

PREGNANCY DETAILS:

Last Menstrual Period: lmp_date	Expected Date of Confinement: edd_date	OB Score: G P (F P A L) gravida para full_term preterm abortion living

Risk Code

(✔) A= An age less than 18 or greater than 35, Date Detected: risk_code_a_date

(✔) B= Being less than 145cm (4'9") tall; Date Detected: risk_code_b_date

(✔) C= Delivered a fourth (or more) baby (or so called grandmulti); Date Detected: risk_code_c_date

(✔) D = Having one or more of the ff. (a) previous CS (b) 3 consecutive miscarriages or stillborn baby and (c) postpartum hemorrhage Date Detected risk_code_d_date

(✔) E= Having one or more of the ff medical conditions: (1)TB (2)Heart Disease (3)Diabetes (4)Bronchial Asthma (5)Goiter; Date Detected: risk_code_e_date

OB HISTORY:

Gravida (year)	*Facility Confined*	*AOG*	*Manner of Delivery*	*Presentation*	*Gender*	*Complications*
ob_r1_gravida	ob_r1_facility	ob_r1_aog	ob_r1_manner	ob_r1_pres	ob_r1_sex	ob_r1_comp
ob_r2_gravida	ob_r2_facility	ob_r2_aog	ob_r2_manner	ob_r2_pres	ob_r2_sex	ob_r2_comp
ob_r3_gravida	ob_r3_facility	ob_r3_aog	ob_r3_manner	ob_r3_pres	ob_r3_sex	ob_r3_comp
ob_r4_gravida	ob_r4_facility	ob_r4_aog	ob_r4_manner	ob_r4_pres	ob_r4_sex	ob_r4_comp
ob_r5_gravida	ob_r5_facility	ob_r5_aog	ob_r5_manner	ob_r5_pres	ob_r5_sex	ob_r5_comp

ULTRASOUND AND LABORATORY RESULTS:

Date UTZ taken: utz_date AOG: utz_aog EDC: utc_edc

Presentation: utz_presentation Remarks: utz_remarks

Urine Analysis:	CBC Result:	Hep B Test: (+) / (-)
urinalysis	cbc_result	hepb_test_plus_minus

TETANUS TOXOID VACCINATION STATUS:

TT1: (✔) tt1_date TT2: (✔) tt2_date TT3: (✔) tt3_date TT4: (✔) tt4_date TT5: (✔) tt5_date

PRENATAL VISITS:

Date & Time of 1st Prenatal Visit:	***Vital Signs:***	**Vitamins Taken:**
first_visit_date ***AOG:*** text_52qnpi ***Trimester:*** text_53dpqh	***BP:*** first_visit_bp ***mmHg*** ***Temp.:*** first_visit_temp ***°C*** ***PR:*** first_visit_pr ***cpm*** ***RR:*** first_visit_rr ***bpm*** ***Weight:*** first_visit_weight ***kg.*** ***Fundic Height:*** text_59iadd ***FHT:*** first_visit_fht	first_visit_vit

Remarks:

first_visit_remarks

DATE	ASSESSMENT	REMARKS
assess_r1_date	assess_r1_text	assess_r1_rem

DELIVERY DETAILS:

Date and Time of Delivery:	Sex:	Birth Weight (grams):	Anthopometric Measurement: (in cm)
delivery_date	baby_sex	baby_weight	CC: text_122bznr ____ AC: text_123suzm ____
Meds and Vaccine Given: (✔) Vitamin K (✔) Hep B (✔) Credes			

POST PARTUM VISITS:

Date of 1st PP Visit: pp1_date	***Breast Feeding: (✔) Yes (✔) No If no, Reason:*** pp1_bf_reason	***Supplementation:*** pp1_supp	***Management/ Remarks:*** pp1_remarks

Date of 2nd PP Visit: pp2_date	***Breast Feeding: (✔) Yes (✔) No If no, Reason:*** pp2_bf_reason	***Supplementation:*** pp2_supp	***Management/ Remarks:*** pp2_remarks