

HAPPY FAMILY MIDWIFE CLINIC

(*Birthing Home & Family Planning*)

Lower Jasaan, Misamis Oriental

(Contact Number: (0882) 760-041, cell# 09178859217)

LABOR ADMISSION RECORD

PART 1: CONFINED CLIENT PROFILE

CASE NUMBER:

DATE ADMITTED:

TIME DISCHARGE:

TIME ADMITTED:

PHILHEALTH (____) NON-PHILHEALTH (____)

COMPLETE NAME OF PATIENT:

COMPLETE ADDRESS:

COMPLETE NAME OF HUSBAND:

PART II: CLIENTS HISTORY

LAST MENSTRUAL PERIOD:

AGE OF GESTATION:

GRAVIDA: (____) PARA: (____) ABORTION: (____) DEATH: (____)

OBSTETRICAL HISTORY

NO.	YEAR	PLACE OF CONFINEMENT	AGE OF GESTATION	BIRTH WEIGHT	MANNER	REMARKS
1						
2						
3						
4						
5						

PART III: ULTRASOUND AND LABORATORY EXAMINATION REPORT

DESCRIPTION		NORMAL	ABNORMAL REMARKS	
A. Ultrasound				
B. CBC (hmg.)				
C. Urinalysis				
D. Hepatitis "B"				

PHYSICAL ASSESSMENT:

Blood Pressure: Pulse Rate:

Respiratory Rate: Temperature:

Weight: Height:

SHEENT

Chest & Lungs () Normal () Abnormal

Cardiovascular: () Normal () Abnormal

Abdomen: FR: FHT: UC:

Internal Examination Dilatation BOW: Intact () Ruptured ()

Extremities () Normal

Name of Midwife:

Name of Nurse:

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

DELIVERY ROOM RECORD

CASE NUMBER:

COMPLETE NAME OF PATIENT:

PHILHEALTH Card Identification Number:

LABOR

	TIME	STAGE OF LABOR	DURATION OF LABOR
ONSET			
CERVIX FULLY DILATED			
BABY DELIVERED			
PLACENTA DELIVERED			

EPISIOTOMY: () MEDIAN () R.T. MEDIO-LAT
 () LEFT MEDIO-LAT () NONE

MOTHERS CONDITION AFTER DELIVERY:

 () AWAKE () REACTIVE () DEPRESSED

UTERUS:

 () WELL CONTRACTED () RELAXING

VITAL SIGNS MONITORING CHART (Please check the vital signs)

Hours Taken	Blood pressure	Pulse Rate	Respiratory Rate

Monitoring Nurse and Midwife: