INSTITUT JANTUNG NEGARA
National Heart Institute

PATIENT'S INFORMATION
(Please Stick Label)

PRE NATAL ASSESSMENT FOR CARDIAC DISEASE IN PREGNANCY

Date : _____ Gestational age : _____ Week

Time : _____ EDD : _____

Ward : _____

Diagnosis : _____

_____

Parity : Gravida _____ Para _____

Gyneycology Hystory : ☐ Abortion ☐ Stillbirth ☐ Neonatal Death ☐ Preeclampsia

☐ NA

LABOR ASSESSMENT	NEEDS IDENTIFIED
Any contractions : ☐ No	☐ Inform Doctor
☐ Yes Frequency : _____ Date / Time : _____	
Bleeding : ☐ No	☐ Inform Doctor
☐ Yes ☐ Spoting ☐ Staining ☐ Half pad ☐ Full pad	☐ Pad Chart

PHYSICAL ASSESSMENT	NEEDS IDENTIFIED
Fundal Height: _____ cm Presentation : _____ Engagement : ☐ No	
☐ Yes	
Fetus HR : _____ bpm	☐ Provide education
Breast : ☐ Normal ☐ Pain ☐ Discharge	☐ Breasts care in pregnancy
	☐ Inform Doctor
Oedema : ☐ No	☐ Elevate lower limb
☐ Yes Location : _____	

Assessment completed by :

Signature : _____

Name : _____

Date / Time : _____