FORMULÁRIO DE TRANSFERÊNCIA DO HDM PARA O CENTRO DE PARTO NORMAL MARIA DAS DORES DE SOUZA – PETROLINA PE

**DADOS IDENTIFICAÇÃO DA GESTANTE:**

NOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IDADE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATA DE NASCIMENTO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENDEREÇO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RG:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NÚMERO CARTÃO DO SUS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACOMPANHANTE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DADOS OBSTÉTRICOS:**

G\_\_\_\_ P\_\_\_\_ A\_\_\_\_

DUM:

IG (DUM):

IG (USG):

ANTECEDENTE (S) PESSOAL OU OBSTÉTRICO (S) PATOLÓGICO (S): ( ) SIM ( ) NÃO

ESPECIFICAR:

**ROTINA PRÉ NATAL:**

**NÚMERO DE CONSULTAS PRÉ NATAL:\_\_\_\_\_\_\_\_**

DATA ÚLTIMOS EXAMES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ABO Rh\_\_\_\_\_\_\_ Coombs indireto: \_\_\_\_\_\_\_\_\_\_

HB \_\_\_\_ Ht \_\_\_\_ Plaquetas \_\_\_\_\_\_\_\_

Glicemia de jejum \_\_\_\_\_\_\_\_ ou TTOG 24-28 semanas:\_\_\_\_\_\_\_\_\_\_\_\_\_

VDRL\_\_\_\_\_\_ HIV\_\_\_\_\_ HbsAg\_\_\_\_\_\_ Toxoplasmose\_\_\_\_\_\_\_\_\_\_\_

Urocultura:\_\_\_\_\_\_\_\_\_\_

QUEIXA PRINCIPAL E DURAÇÃO:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EXAME FÍSICO:

PA \_\_\_\_\_\_\_\_\_\_ FC \_\_\_\_\_\_\_\_\_\_\_

SATURAÇÃO O2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

DINAMICA UTERINA: \_\_\_\_\_\_\_\_\_\_\_

AFU: \_\_\_\_\_\_\_\_

BCF: \_\_\_\_\_\_\_

TV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OUTRO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HD.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ASSINATURA PROFISSIONAL RESPONSÁVEL PELO ENCAMINHAMENTO

TRANSFERÊNCIA AUTORIZADA POR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(NOME DO PROFISSIONAL DO CPN)

DATA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HORÁRIO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_