Annex 2.4

Republic of the Philippines
Department of Health

MNC Form I SIDE A

MATERNAL CLIENT RECORD for Prenatal Care

Family Serial NO. _____

MEDICAL HISTORY

REVIEW OF SYSTEMS

HEENT
- □ Epilepsy/Convulsion/Seizure
- □ Severe headache/dizziness
- □ Visual disturbance/blurring of vision
- □ Yellowish conjunctiva
- □ Enlarged thyroid

CHEST/HEART
- □ Severe chest pain
- □ Shortness of breath and easy fatigability
- □ Breast/axillary masses
- □ Nipple discharges (specify if blood or pus)

ABDOMEN
- □ Mass in the abdomen
- □ History of gallbladder disease
- □ History of liver disease

GENITAL
- □ Vaginal discharge
- □ Intermenstrual bleeding
- □ Postcoital bleeding
- □ Mass in the uterus

EXTREMITIES
- □ Severe varicosities
- □ Swelling or severe pain in the legs not related to injuries

SKIN
- □ Yellowish skin

FAMILY HISTORY
- □ CVA (strokes)
- □ Hypertension
- □ Asthma
- □ Heart disease
- □ Diabetes

PAST HEALTH HISTORY
- □ Allergies
- □ Drug intake (anti-tuberculosis, anti-diabetic, anticonvulsant)
- □ Bleeding tendencies (nose, gums, etc.)
- □ Anemia
- □ Diabetes
- □ Itching or sores in or around vagina
- □ Pain or burning sensation on urination

SOCIAL HISTORY
- □ Smoking Sticks per day _____
- □ Alcoholic beverage Amt. Per day _____
- □ Obesity
- □ History of domestic violence or VAW
- □ Unpleasant relationship with partner
- □ Treated for STIs in the past

OBSTERICAL HISTORY
- □ Number of pregnancies:
  _____ Full Term _____ Premature
  _____ Abortions _____ Living Children
- □ History of Ectopic pregnancy
- □ Hydatidiform mole (within the last 12 months)

History of Previous Deliveries
- □ Date of last delivery ___/___/_____
- □ Type of last delivery _____
- □ Birth Attendant in last delivery _____

Menstrual History
- □ Last menstrual period _____

PHYSICAL EXAMINATION

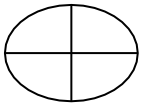
VITAL SIGNS
Blood Pressure: _____ mm Hg
Weight: _____ kg
Pulse Rate: _____/ min

CONJUNCTIVA
□ Pale □ Yellowish

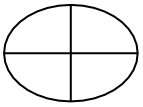
NECK
□ Enlarged thyroid □ Enlarged lymph nodes

BREAST
□ Mass

Right Breast



Left Breast



- □ Nipple discharge
- □ Skin – orange peel or dimpling
- □ Enlarged axillary lymph nodes

THORAX
- □ Abnormal heart sounds/cardiac rate
- □ Abnormal breath sounds/respiratory rate

ABDOMEN
□ Enlarged liver □ Tenderness
□ Mass □ Scar

VAGINAL EXAMINATION:
□ Bleeding □ Discharges □ Cyst/mass
□ Scars □ Warts □ Laceration
□ Others (Specify)_____

EXTREMITIES
- □ Edema
- □ Varicosities
- □ Pain on forced dorsiflexion

TT Status: _____

IMPRESSION/DIAGNOSIS

NAME OF CLIENT: _____ (Last NAME) _____ (GIVEN NAME) _____ (M.I.) AGE: _____

NAME OF SPOUSE: _____ (LAST NAME) _____ (GIVEN NAME) _____ (M.I.) DATE OF BIRTH (mo/day/year) ___/___/___ AGE: _____

AVERAGE MONTHLY Family INCOME _____ DATE OF BIRTH (mo/day/year) ___/___/___ HIGHEST EDUC _____ HIGHESST EDUC _____

NO. OF LIVING CHILDREN: _____ OCCUPATION _____

BIRTH PLAN: □ Hospital □ RHU □ LIC □ Home **IF AT HOME, WHO IS THE Birth Attendant:** □ SBA □ Non-SBA MUNICIPALITY _____ NO. STR EET _____

P _____

□ Past menstrual period _____ □ Duration of Menstrual bleeding _____ □ Character of Menstrual bleeding (no. of pads) _____		
FAMILY PLANNING HISTORY		
Previously Used Method: _____		

Reminder: Kindly refer to PHYSICIAN for any checked (√) findings for further evaluation.

MATERNAL CLIENT RECORD for Prenatal Care — SIDE B

DATE	• COMPLAINTS/COMPLICATIONS • MEDICAL OBSERVATION • PE Findings including pelvic examination • Laboratory • OTHER IMPORTANT COMMENTS IF ANY	MCN SERVICES GIVEN □ Tetanus Toxoid □ Anti-Helminthic □ Anti-Malaria □ Iron/Folate □ FP Counseling □ Counseling for Danger Signs □ Referral Made	NAME OF PROVIDER AND SIGNATURE	NEXT Follow-Up Schedule

Abdominal Examination Findings

	1st Trimester			2nd Trimester			3rd Trimester			REMARKS
	1st mo	2nd mo	3rd mo	4th mo	5th mo	6th mo	7th mo	8th mo	9th mo	
Date										
Fundic Height (cm)										
Fetal Heart Tones										
AOG										
Leopold's										
L1										
L2										
L3										
L4										
Uterine Activity										

USE ADDITIONAL SHEETS AS NECESSARY

- Adapted from the DOH Family Planning Service Record; updated 02/09/06.