



# FAITH MEDIPLEX ANTENATAL RECORD

1, Giwa-Amu/Airport Road, P.O. Box 4307  
Benin City, Edo State, Nigeria.

REGISTRATION FEE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TRIBE \_\_\_\_\_

FATHER OF CHILD \_\_\_\_\_ RELIGION \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ G \_\_\_\_\_ P \_\_\_\_\_ Ab \_\_\_\_\_ L \_\_\_\_\_

LMP \_\_\_\_\_ PMP \_\_\_\_\_ EDC \_\_\_\_\_ CORRECTED EDC \_\_\_\_\_

## PREVIOUS MEDICAL HISTORY:

HEART DISEASE/HYPERTENSION \_\_\_\_\_ CHEST DISEASE \_\_\_\_\_ DRUG ALLERGIES \_\_\_\_\_

DIABETES \_\_\_\_\_ GONORRHEA \_\_\_\_\_ SURGERIES \_\_\_\_\_

KIDNEY DISEASE \_\_\_\_\_ SYPHILIS \_\_\_\_\_ OTHER \_\_\_\_\_

## PREVIOUS PREGNANCIES:

DATE OF BIRTH	DURATION OF PREGNANCY	BIRTH WEIGHT	COMPLICATIONS OF PREGNANCY	COMPLICATIONS OF LABOUR	DELIVERY & COMPLICATIONS	BABY IF DEAD	
						AGE AT DEATH	CAUSE OF DEATH

## SYMPTOMS:

NAUSEA/VOMITING \_\_\_\_\_ BLEEDING \_\_\_\_\_ SWELLING OF ANKLES \_\_\_\_\_

DISCHARGE \_\_\_\_\_ VAGINAL SORES \_\_\_\_\_ OTHER \_\_\_\_\_

## PHYSICAL EXAM:

DATE \_\_\_\_\_ NECK \_\_\_\_\_ VAGINAL \_\_\_\_\_

TEMP \_\_\_\_\_ LUNGS \_\_\_\_\_ CERVIX \_\_\_\_\_

PULSE \_\_\_\_\_ HEART \_\_\_\_\_ ADNEXAE \_\_\_\_\_

RESP \_\_\_\_\_ BREAST \_\_\_\_\_ PELVIMETRY \_\_\_\_\_

HEIGHT \_\_\_\_\_ ABDOMEN \_\_\_\_\_ EXTREMITIES \_\_\_\_\_

HEAD \_\_\_\_\_ PERINEUM \_\_\_\_\_ DTRs \_\_\_\_\_

## INITIAL LAB:

DATE	TEST	RESULT	CHARGE	DATE	TEST	RESULT	CHARGE
	HCT				RPR		
	Genotype				Group/Rh		
	Urine						

TETANUS TOXOID INITIAL: Date Given \_\_\_\_\_ Initials \_\_\_\_\_ BOOSTER: Date Given \_\_\_\_\_ Initials \_\_\_\_\_

SURNAME

FIRST NAME

OPD NO