FORMAT LAPORAN RUJUKAN/KONSULTASI

Ucapkan salam,perkenalkan diri(Nama dan Asal Puskesmas/Pusban/Desa)

Nama Bidan :

Tgl/Jam Tlp :

Asal Puskesmas/Pusban :

Nama Pasien :

Usia :..........................tahun

HPHT :

Paritas : G.......P.......A.......

Usia Kehamilan :..........................minggu

Jaminan : BPJS/JAMPERSAL/UMUM

Anamnesa

Pasien masuk sejak jam ..............Dengan Keluhan...............................

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Bila Pervaginam berat bayi terbesar :...............................................................

Bila SC : Indikasi SC .............................................tahun SC................................

Riwayat USG sebelumnya .................................................................................

Pemeriksaan Fisik

Keadaan umum : Sedang/Lemah/sadar/tidak sadar

TD :.............mmhg Nadi :........x/menit Suhu : ...........

His :.......x dalam 10 menit durasi ..........detik Djj :...............x/menit

TFU :........cm Lingkar Pinggang :.................cm Tbj :........gram

Pemeriksaan dalam vagina

Pembukaan :.................cm Ketuban : Utuh/Merembes/Negatif

Warna ketuban :Jernih/Kehiajuan

Bagian Terdepan :..........................Kepala : Hodge I/II/III/IV

Diagnosa :..........................................................................................................

Terapi yang telah diberikan :

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Alasan Merujuk :.........................................................................................................................