Ontario

Ministry of Health and Long-Term Care

Ontario Perinatal Record 2

Last Name	First Name

Planned Birth Attendant

Newborn Care Provider
In Hospital In Community

G	T	P	A	L	S	Final EDB YYYY/MM/DD	Family Physician/Primary Care Provider

Physical Exam

Ht _____ cm Pre-pregnancy Wt ____ kg

BP _____ Pre-pregnancy BMI ____

Exam As Indicated

Head and neck	MSK
Breast/nipples	Pelvic
Heart/lungs	Other
Abdomen	

Exam Comments

Last Pap YYYY/MM/DD	Result

Initial Laboratory Investigations

Test	Result
Hb	
ABO/Rh(D)	
MCV	
Antibody screen	
Platelets	
Rubella immune	
HBsAg	
Syphilis	
HIV	
GC	
Chlamydia	
Urine C&S	

Second and Third Trimester Lab Investigations

Test	Result
Hb	
Platelets	
ABO/Rh(D)	
Repeat Antibodies	
1hr GCT	
2 hr GTT	

Additional investigations as indicated

TSH, Diabetes screen, Hb Electrophoresis/ HPLC, Ferritin, B12, Infectious diseases (e.g. Hep C, Parvo B19, Varicella, Toxo, CMV), Drug screen, repeat STI screen.

Test	Result	Test	Result

Prenatal Genetic Investigations

Screening Offered ☐ Yes ☐ No	Result		Result
☐ FTS (between 11-13+6wks)		CVS/Amnio Offered ☐ Y ☐ N	
☐ IPS Part 1(between 11-13+6wks) ☐ Part 2(between 15-20+6wks)		Other genetic testing Offered ☐ Y ☐ N	
☐ MSS (between 15-20+6wks) ☐ AFP (between 15-20+6wks)		NT Risk Assessment 11-13+6wk (multiples)	
Cell-free fetal DNA (NIPT) Offered ☐ Y ☐ N		Abnormal Placental Biomarkers	

No Screening Tests

☐ Counseled and declined	Date YYYY/MM/DD	☐ Presentation > 20+6wk NIPT offered ☐ Y ☐ N	Date YYYY/MM/DD

Ultrasound

Date	GA	Result		
YYYY/MM/DD				
YYYY/MM/DD		NT Ultrasound (between 11-13+6 weeks)		
YYYY/MM/DD		Anatomy scan (between 18-22wks)	Placental Location	Soft Markers
YYYY/MM/DD				
YYYY/MM/DD				
YYYY/MM/DD				
YYYY/MM/DD				
YYYY/MM/DD				
YYYY/MM/DD				
YYYY/MM/DD				
YYYY/MM/DD				
YYYY/MM/DD				
YYYY/MM/DD				

Genetic screening result reviewed with pt/client ☐

Approx 22 wks: Copy of OPR 1 & 2 to hospital ☐ and/or to pt/client ☐

