Ontario

Ministry of Health and Long-Term Care

Ontario Perinatal Record 1

Last Name	First Name

Address - street number, street name	Apt/Suite/Unit	Buzzer No

City/Town	Province	Postal Code	Partner's First Name	Partner's Last Name

Contact - Preferred	Leave Message	Contact - Alternate/E-mail	Partner's Occupation	Partner's Education Level	Age
	☐ Y ☐ N				

Date of Birth	Age at EDB	Language	Interpreter Required	Occupation	Education Level	Relationship Status	Sexual Orientation
YYYY/MM/DD			☐ Y ☐ N				

OHIP Number	Patient File Number	Disability Requiring Accommodation	Planned Place of Birth	Planned Birth Attendant
		☐ Y ☐ N		

Newborn Care Provider		Family Physician/Primary Care Provider
In Hospital	In Community	

Allergies or Sensitivities (include reaction)	Medications (include Rx/OTC, complementary/alternative/vitamins and dosage)

Pregnancy Summary

LMP YYYY/MM/DD Cycle q _____ Certain ☐ Y ☐ N Regular ☐ Y ☐ N

Planned Preg ☐ Y ☐ N Contraceptive Type Last Used YYYY/MM

Conception: Assisted ☐ Y ☐ N Details

EDB By LMP YYYY/MM/DD

Final EDB YYYY/MM/DD

Dating Method

☐ T_1US ☐ T_2US ☐ LMP

☐ IUI YYYY/MM/DD ☐ Embryo Transfer YYYY/MM/DD

☐ Other

Gravida	Term	Preterm	Abortus	Living Children	Stillbirth(s)	Neonatal / Child Death

Obstetrical History

Year/ Month	Place of Birth	Gest. (wks)	Labour Length	Type of Birth	Comments regarding abortus, pregnancy, birth, and newborn (e.g. GDM, HTN, IUGR, shoulder dystocia, PPH, OASIS, neonatal jaundice)	Sex M/F	Birth Weight	Breastfed / Duration	Child's Current Health

Medical History (provide details in comments)

Current Pregnancy

1 Bleeding ☐ Y ☐ N
2 Nausea/vomiting ☐ Y ☐ N
3 Rash/fever/illness ☐ Y ☐ N

Nutrition

4 Calcium adequate ☐ Y ☐ N
5 Vitamin D adequate ☐ Y ☐ N
6 Folic acid preconception ☐ Y ☐ N
7 Prenatal vitamin ☐ Y ☐ N
8 Food access/quality adequate ☐ Y ☐ N
9 Dietary restrictions ☐ Y ☐ N

Surgical History

10 Surgery ☐ Y ☐ N
11 Anaesthetic complications ☐ Y ☐ N

Medical History

12 Hypertension ☐ Y ☐ N
13 Cardiac / Pulmonary ☐ Y ☐ N
14 Endocrine ☐ Y ☐ N
15 GI / Liver ☐ Y ☐ N
16 Breast (incl. surgery) ☐ Y ☐ N
17 Gynecological (incl. surgery) ☐ Y ☐ N
18 Urinary tract ☐ Y ☐ N
19 MSK/Rheumatology ☐ Y ☐ N
20 Hematological ☐ Y ☐ N
21 Thromboembolic/coag ☐ Y ☐ N
22 Blood transfusion ☐ Y ☐ N
23 Neurological ☐ Y ☐ N
24 Other ☐ Y ☐ N

Family History

25 Medical Conditions ☐ Y ☐ N
(e.g. diabetes, thyroid, hypertension, thromboembolic, anaesthetic, mental health).

Genetic History of Gametes

26 Ethnic/racial background:
Egg _____ Age _____Yrs
Sperm _____

27 Carrier screening: at risk? ☐ Y ☐ N
- Hemoglobinopathy screening (Asian, African, Middle Eastern, Mediterranean, Hispanic, Caribbean) ☐ Y ☐ N
- Tay-Sachs disease screening (Ashkenazi Jewish, French Canadian, Acadian, Cajun) ☐ Y ☐ N
- Ashkenazi Jewish screening panel ☐ Y ☐ N

28 Genetic Family History
- Genetic conditions (e.g. CF, muscular dystrophy, chromosomal disorder) ☐ Y ☐ N
- Other (e.g. intellectual, birth defect, congenital heart, developmental delay, recurrent pregnancy loss, stillbirth) ☐ Y ☐ N
- Consanguinity ☐ Y ☐ N

Infectious Disease

29 Varicella disease ☐ Y ☐ N
30 Varicella vaccine ☐ Y ☐ N
31 HIV ☐ Y ☐ N
32 HSV Self ☐ Y ☐ N Partner ☐ Y ☐ N
33 STIs ☐ Y ☐ N
34 At risk population (Hep C, TB, Parvo, Toxo) ☐ Y ☐ N
35 Other ☐ Y ☐ N

Mental Health / Substance Use

36 Anxiety Past ☐ Y ☐ N Present ☐ Y ☐ N
GAD-2 Score _____
37 Depression Past ☐ Y ☐ N Present ☐ Y ☐ N
PHQ-2 Score _____
38 Eating disorder ☐ Y ☐ N
39 Bipolar ☐ Y ☐ N
40 Schizophrenia ☐ Y ☐ N
41 Other ☐ Y ☐ N
(e.g. PTSD, ADD, personality disorders)
42 Smoked cig within past 6 months ☐ Y ☐ N
Current smoking _____ cig/day
43 Alcohol: Ever drink alcohol? ☐ Y ☐ N
If Yes: Last drink: (when) _____
Current drinking _____ drinks/wk
T-ACE Score _____
44 Marijuana ☐ Y ☐ N
45 Non-prescribed substances/drugs ☐ Y ☐ N

Lifestyle/Social

46 Occupational risks ☐ Y ☐ N
47 Financial/housing issues ☐ Y ☐ N
48 Poor social support ☐ Y ☐ N
49 Beliefs/practices affecting care ☐ Y ☐ N
50 Relationship problems ☐ Y ☐ N
51 Intimate partner/family violence ☐ Y ☐ N
52 Parenting concerns ☐ Y ☐ N
(e.g. developmental disability, family trauma)
53 Other ☐ Y ☐ N

Comments

Completed By		Reviewed By	
Signature	Date	MRP Signature	Date

  User Guide available at www.pcmch.on.ca