

| Last Name | ! | | | Fii | rst Na | | | | | | |
|--|-------------|-----------|--------|----------------|--------|-------|-------|---|---|------------|-----------|
| Planned Bi | rth Attenda | ınt | | | | | | | | | |
| Newborn C | | er | | | | | | | Allergies or Sensitivities (include reaction) | | |
| In Hospital | | aany Caro | Drovie | | ommu | ınity | | | Madiantiana (include DuOTO consular sector (Include | | |
| Family Physician/Primary Care Provider | | | | | | | | Medications (include Rx/OTC, complementary/altern | ative/vitamins, includ | ie dosage) | |
| G T | P | A | ١ | L | : | 5 | Final | EDB Y/MM/DD | | | |
| I | l | | | | | | | | uent Visits | | |
| Date | GA | Weight | ВР | Urine Prot. | SFH | Pres. | FHR | FM | Comments | Next | Initial(s |
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