

MEDICAL HISTORY		PHYSICAL EXAMINATION	
HEENT		Blood Pressure: _____ Height: _____	
N	Y/R Epilepsy/Convulsion	Weight: _____ Blood Type: _____	
N	Y/R Severe headache/dizziness	CONJUNCTIVA	
N	Y/R Visual disturbance	N	Y/R Pale
N	Y/R Yellowish discoloration	N	Y/R Yellowish
N	Y/R Enlarged thyroid	NECK	
CHEST/HEART		N	Y/R Enlarged Thyroid
N	Y/R Severe chest pain	N	Y/R Enlarged lymph nodes
N	Y/R Shortness of breath and easy fatigability	BREAST	
N	Y/R Breast/axillary masses	N	Y/R Mass
N	Y/R Nipple discharge (blood or pus)	N	Y/R Nipple discharge
N	Y/R Systolic of 140 and above	N	Y/R Skin-orange-peel or dimpling
N	Y/R Diastolic of 90 and above	N	Y/R Enlarged axillary lymph nodes
N	Y/R Family history of CVA (strokes), hypertension, asthma, rheumatic heart disease	THORAX	
ABDOMEN		N	Y/R Abnormal heart sounds/cardiac rate
N	Y/R Mass in the abdomen	N	Y/R Abnormal health sounds/respiratory rate
N	Y/R History of gallbladder disease	ABDOMEN	
N	Y/R History of liver disease	_____	Fundic height in cms.
N	Y/R Previous surgical operation	_____	Fetal heart tone (if applicable by AOG)
EXTREMITIES		_____	Fetal movement
N	Y/R Severe varicosities	LEOPOLD'S MANEUVER	
N	Y/R Deformities	_____	1. fetal part in the fundus
N	Y/R Swelling of severe pain in the legs not related to injuries	_____	2. position of fetal back
SKIN		_____	3. presenting part
N	Y/R Yellowish discoloration	_____	4. status of the presenting part
HISTORY OF ANY OF THE FF:		_____	Uterine Activity
N	Y/R Smoking	PELVIC EXAMINATION	
N	Y/R Allergies	Perineum	
N	Y/R Drug intake	N	Y/R Scars
N	Y/R Drug abuse and alcoholism	N	Y/R Warts/mass
N	Y/R STD, multiple partners	N	Y/R Laceration
N	Y/R Bleeding tendencies, anemia	N	Y/R Severe varicosities
N	Y/R Diabetes/congenital anomalies	Vagina	
OBSTETRICAL HISTORY		N	Y/R Bartholin's cyst
0	1/R 2 3 4 and above/R/H	N	Y/R Warts/Skene's gland discharge
_____	Fullterm	N	Y/R Cystocele/rectocele
_____	Preterm	N	Y/R Purulent discharge/bleeding
_____	Abortion	N	Y/R Erosion/polyp/foreign body
_____	Living Children	INTERNAL EXAMINATION	
_____	Date of last delivery (M/D/YR)	Cervix	
_____	Type of last delivery	_____	Consistency - firm or soft
_____	Past Menstrual Period	_____	Dilatation
_____	Last Menstrual Period	_____	Palpable presenting part
_____	Age of gestation in weeks (AOG)	_____	Status of bag of water
_____	Expected Date of Confinement (EDC)	IMPRESSION:	
HISTORY OF ANY OF THE FF:		PLANS (Procedure/Treatment/Referral/Return Visit)	
N	Y/R Previous Cesarean Section	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
N	Y/R 3 Consecutive Miscarriages		
N	Y/R Ectopic Pregnancy/H.mole		
N	Y/R Postpartum hemorrhage		
N	Y/R Forceps delivery		
N	Y/R Pregnancy Induced Hypertension	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
N	Y/R Weight of baby > 4kgs		
Legend			
R	Refer to Back-up Physician for clearance	N	No/Absent
R/H	Refer to a Hospital	Y	Yes/Present

Birth and Emergency Plan

I know that any complication can develop during delivery and I know that I should deliver in a health facility.

I will be attended at delivery by _____.

I plan to deliver at _____.

This is a PhilHealth accredited facility _____ Yes _____ No

The estimated cost of the maternity package in this facility is _____.

The mode of payment is cash.

The available transport is _____.

I have contacted _____ to bring me to the hospital/ health center.

I will be accompanied by _____.

_____ will take care of my children/ home while I am in the health facility.

In case of a need for blood transfusion, my possible donors are:

○ _____

○ _____

In case of complications, I will be referred right away to:

Person to notify in case of emergency:

Name and Relationship: _____

Address: _____

Contact Number/s: _____

Patient's Signature Over Printed Name