Department Of Health
Muntinlupa Health Department - Poblacion Health Center
PreNatal Record

DATE:

NAME:

AGE:

OCCUPATION:

ADDRESS:

HUSBAND:

AGE: BIRTHDAY:

OCCUPATION:

DATE OF MARRIAGE:

PARITY:

LMP:

EDC:

AOG:

PREG:

BP: _____ TEMP: _____
PULSE RATE: _____
WT: _____ HT: _____ BMI: _____

NUTRITIONAL STATUS : UW ☐ NORMAL ☐ OW ☐

FHT:

FHB:

LOC/PRES:

REFERRED TO DOCTOR:

ADVICES:

EAT MORE VEGETABLES MEAT AND FRUITS

INCREASE FLUID INTAKE WATER AND MILK

TAKE PRENATAL SUPPLEMENT CAPSULE DAILY

TAKE FERROUS SULFATE 1 TABLET DAILY

TAKE ASCORBIC ACID 1 TABLET DAILY

TAKE CALCIUM SUPPLEMENTS DAILY

AVOID:

FATTY SALTY FOODS, SOFT DRINKS /COFFEE

SMOKING AND DRINKING ALCOHOL BEVERAGES

AVOID JUNK FOODS

REFERRED TO DENTIST:

TCL:

PAST MEDICAL HISTORY/FAMILY HISTORY:

PTB:	ALLERGIES:
HPN:	ASTHMA:
CA:	HEPATITIS:
DM:	GOITER:
PREVIOUS OPERATION:	SMOKER:
HEART DISEASE:	**ALCOHOL DRINKER:**

LABORATORY RESULT

BLOOD TYPE:

HBSAG:

VDRL/RPR:

HIV:

CBC:	**URINALYSIS :**
HGB:	PUS CELLS :
HCT:	RBC :
WBC:	ALBUMIN :
RBC:	SUGAR :
BAND:	E. CELLS :
SEGMENTERS:	A. URATES :
EOSINOPHIL:	M. THREADS :
BASOPHIL:	BACTERIA :
LYMPHOCYTES:	TRICHOMONAS :
MONOCYTES:	**FBS: _____** **OGTT:_____**

STOOL EXAM:

REFERRED TO NUTRITION:

FN: **BHW:**

PHIC:

CELLPHONE #:

BIRTHDAY: RELIGION:

EDUC. ATTAINMENT:

RISK CODE:

TETANUS CONTAINING VACCINE: **TT / TD**

TT/TD1: TT/TD4:

TT/TD2: TT/TD5:

TT/TD3:

OBSTETRIC HISTORY: **T____ P____ A____ L____**
MENARCHE:_____ **ONSET OF SEXUAL INTERCOURSE:_____**
NO. OF SEXUAL PARTNER(S): _____

NO. OF PREGNANCY	YEAR DETECTED	OUT COME	BIRTH WEIGHT	PLACE OF DELIVERY ATTENDED	STATUS

POST PARTUM

DATE OF DELIVERY	SEX	BWT (KILOS)	BIRTH LENGTH	PLACE OF DELIVERY	TIME OF DELIVERY	OUTCOME

ULTRASOUND RESULT: **DATE:** _____

Fetal Presentation: AOG:

Fetal Heart Rate: EDD:

GENDER: PLACENTA:

Next Check up Schedule:

COVID VACCINE

1ST DOSE _____

2ND DOSE _____

1ST BOOSTER _____

2ND BOOSTER _____

Commitment to BIRTH PLAN

(Facility Based Delivery Only)

Ako po si_____

Ay nakatakdang manganak sa

_____

Isang pasilidad na paanakan.

Lubos ko po naunawaan ang

Paliwanag ng Midwife sa Health

Center. Ako po ay nangangako

Na hindi manganganak sa bahay

Para sa aking kaligtasan at

Kaligtasan ng aking magiging anak.

_____

Pangalan at Lagda ng Pasyente

_____

Pangalan at Lagda ng Midwife

☐**Womb to work Program**

Registration No._____

FOLLOW UP VISITS: **DATE:** **BP:** **HT:** **WT:** **T:** **AOG:** **FH:** **FHT:** **LOC/PRES**	**FOLLOW UP VISITS:** **DATE:** **BP:** **HT:** **WT:** **T:** **AOG:** **FH:** **FHT:** **LOC/PRES**	**FOLLOW UP VISITS:** **DATE:** **BP:** **HT:** **WT:** **T:** **AOG:** **FH:** **FHT:** **LOC/PRES**
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