

Doctor Visit

14 – 20 Weeks

Physician or Midwife: _____ Third Exam: _____
Blood Pressure: _____ Changes? _____
Urine Sample: _____ Signs of Preeclampsia? _____
Weight: _____ Weight Gained: _____
Nausea? _____ Baby Movements: _____
Contractions: _____ Frequency: _____
Leaking Fluid: _____ Spotting/Bleeding: _____
Uterus Size: _____ Tested: ☐ Vaginally ☐ Belly ☐ Ultrasound
Baby's Heartbeat: _____ Growth Rate: _____

Tests Done

☐ Pelvic Exam Result: _____
☐ Breast Exam Result: _____
☐ Pap Smear Result: _____
☐ Ultrasound Result: _____
☐ Doppler Scan Result: _____
☐ Blood Test Result: _____

Multiple Marker Test: _____

Risks for Chromosomal Abnormalities: ☐ Down syndrome ☐ Trisomy 18 ☐ Other

Risks for Neural Tube Defects: ☐ Spina Bifida ☐ Other

Treatment Plan: _____

Genetic Counselor: _____ Phone: _____

Things to Do

New Info: _____

Food to Eat: _____

Exercises to Do: _____

Warning Signs: _____

Questions for Next Appt. _____