

Doctor Visit

31 – 33 Weeks

Physician or Midwife: _____ Sixth Exam: _____
Blood Pressure: _____ Changes? _____
Urine Sample: _____ Signs of Preeclampsia? _____
Weight: _____ Weight Gained: _____
Nausea? _____ Baby Movements: _____
Swelling in Hands: _____ Swelling in Feet: _____
Headaches: _____ UTIs: _____
Contractions: _____ Frequency: _____
Leaking Fluid: _____ Spotting/Bleeding: _____
Uterus Size: _____ Tested: ☐ Vaginally ☐ Belly ☐ Ultrasound
Baby's Heartbeat: _____ Growth Rate: _____
☐ Tdap Vaccine: _____ ☐ Flu Shot: _____

Tests Done

| | |
|---------------------------------------|---------------|
| <input type="checkbox"/> Pelvic Exam | Result: _____ |
| <input type="checkbox"/> Breast Exam | Result: _____ |
| <input type="checkbox"/> Pap Smear | Result: _____ |
| <input type="checkbox"/> Ultrasound | Result: _____ |
| <input type="checkbox"/> Doppler Scan | Result: _____ |
| <input type="checkbox"/> Blood Test | Result: _____ |

Things to Do

New Info: _____
Food to Eat: _____
Exercises to Do: _____
Classes to Take: _____
Books to Read: _____
Warning Signs: _____
Questions for Next Appt. _____
