

# Doctor Visit

## 34 – 36 Weeks

Physician or Midwife: \_\_\_\_\_ Seventh 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: _____
<input type="checkbox"/> Group B Strep	Result: _____
<input type="checkbox"/> Nonstress Test	Result: _____

### Things to Do

Food to Eat: \_\_\_\_\_  
Exercises to Do: \_\_\_\_\_  
Classes to Take: \_\_\_\_\_  
Books to Read: \_\_\_\_\_  
Warning Signs: \_\_\_\_\_  
Questions for Next Appt. \_\_\_\_\_  
\_\_\_\_\_