

Doctor Visit

39 Weeks

Physician or Midwife: _____ Tenth 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: _____
Baby Breeched: _____ Baby Dropped: _____
Uterus Size: _____ Tested: ☐ Vaginally ☐ Belly ☐ Ultrasound
Baby's Heartbeat: _____ Growth Rate: _____

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. _____