

MATERNAL SERVICE RECORD

MEDICAL HISTORY	PHYSICAL EXAMINATION	F	0.	o m	Z
HEENT	Blood Pressure: Height:		Date and	Educational Background: Person to notify in case of	Name of Client:
N□Y/R □ Epilepsy/Convulsion	Weight: Blood Type:	n More Children: METHOD USED	an	on	9
N□Y/R □ Severe headache/dizziness	CONJUCTIVA	도 음	ā ;	5 8	0
N□Y/R □ Visual disturbance	N□Y/R □ Pale	유유	3 3	1 B	<u> </u>
N□Y/R □ Yellowish discoloration	N□Y/R □ Yellowish	당를	60	nal Bac	7:
N□Y/R □ Enlarged thyroid	NECK	Children: DD USED	7	2. ^Q	11
CHEST/HEART	N□Y/R □ Enlarged Thyroid		7	round:	
N□Y/R □ Severe chest pain	N□Y/R□Enlarged lymph nodes		/al:	E	_
N□Y/R □ Shortness of breath and easy fatigability	BREAST	1-4	1 3	Th 1	Last Name
N□Y/R □ Breast/axillary masses	N <u></u> Y/R Mass	VSS VSS	1	emergency	Z
N□Y/R □ Nipple discharge (blood or pus)	N□Y/R □ Nipple discharge	, ,	CC.	3	an
N□Y/R □ Systolic of 140 and above	N□Y/R □Skin-orange-peel or dimpling	1 7	2	١١	0
N□Y/R □ Diastolic of 90 and above	N□Y/R □ Enlarged axillary lymph nodes	- S	3.	4	
N□Y/R □ Family history of CVA (strokes),	THORAX	Ē			-11
hypertension, asthma, rheumatic	N□Y/R □ Abnormal heart sounds/cardiac rate	1			
heart disease	N□Y/R □ Abnormal health sounds/respiratory rate			1	
ABDOMEN	ABDOMEN	20			0
N□Y/R □ Mass in the abdomen	Fundic height in cms.				Given Name
N□Y/R □ History of gallbladder disease	Fetal heart tone (if applicable by AOG)	0			2
N□Y/R □ History of liver disease	Fetal movement	L m	П		an
N□Y/R □ Previous surgical operation	LEOPOLD'S MANEUVER	THOD			9
EXTREMITIES	_1. fetal part in the fundus	FP METHOD:			
N□Y/R □ Severe varicosities	position of fetal back	1	П		Ċ
N□Y/R □ Deformities	3. presenting part	0			2
N□Y/R □ Swelling of severe pain in the legs not	4. status of the presenting part	Z 5	1		≦
related to injuries	_tribute of the presenting part _Uterine Activity	NEP			
SKIN	PELVIC EXAMINATION	1 2			
N□Y/R □ Yellowish discoloration	Perineum	NFP NFP			Date of Birth
HISTORY OF ANY OF THE FF:	N□Y/R □ Scars	MA	3	2	9
N□Y/R □ Smoking	N□Y/R □ Warts/mass	3	Modress	2	8
N□Y/R □ Allergies	N□Y/R □Laceration		e e	0	∃
N□Y/R □ Drug intake	N□Y/R □ Severe varicosities	YES	Ī		1
N□Y/R □ Drug abuse and alcoholism	Vagina	81			T
N□Y/R □ STD, multiple partners	N_Y/R ☐ Bartholin's cyst	Condom			0
N□Y/R □ Bleeding tendencies, anemia	N ☐ Y/R ☐ Warts/Skene's gland discharge	a S			8
N□Y/R □ Diabetes/congenital anomalies	N□Y/R □ Cystocele/rectocele				Occupation
OBSTETRICAL HISTORY	N□Y/R □ Purulent discharge/bleeding	Others;	Time o		<u></u>
0 1/R 2 3 4 and above/R/H	N□Y/R □ Erosion/polyp/foreign body		9		7
Fullterm	INTERNAL EXAMINATION	(I)	-10		
Preterm	Cervix	specify	Disposition:		S S
Abortion	_Consistency - firm or soft	3	900		No./Stree
Abortion _Living Children	Dilatation		Ö		ree
Date of last delivery (M/D/YR)			2		=
	Status of bag of water	_	1		. 1
_ Past Menstrual Period	IMPRESSION:	Previous Use:			Ba
Last Menstrual Period	MINITEDOTON:	≤.	6	}	Barangay
		Sh	nia	0	ca
			100	<u>.</u> ,	<
	DI ANC (Dressed and Tresser and Deformal/Deturns Visit)	86	Contact Number	É	,
HISTORY OF ANY OF THE FF:	PLANS (Procedure/Treatment/Referral/Return Visit):		70	-	2
NDY/R Previous Cesarean Section			9		흸
NDY/R 3 Consecutive Miscarriages		YES		-	Municipality
N□Y/R □ Ectopic Pregnancy/H.mole		S		,	2
N□Y/R □ Postpartum hemorrhage					-1
N□Y/R □ Forceps delivery		S			4
N□Y/R □ Pregnancy Induced Hypertension	Signature of Service Provider		1		P
N [□] Y/R □ Weight of baby > 4kgs					0
Legend					Province
R Refer to Back-up Physician for clearance	No/Absent			-	0
P/H Refer to a Hospital	V Ves/Present	1 1	1		1

Birth and Emergency Plan

I know that any complication can develop during delivery and I know that I should deliver in a health facility.

I will be attended at delivery by						
l plan to deliver at						
I plan to deliver at This is a PhilHealth accredited facility \Box Yes \Box No						
The estimated cost of the maternity package in this facility is						
The mode of payment is <u>cash</u> .						
The available transport is						
I have contacted	to bring me to the hospital/					
health center.						
I will be accompanied by						
will						
home while I am in the health facility.						
In case of a need for blood transfusion, my possible dono In case of complications, I will be referred right away to:						
Person to notify in case of emergency:						
Name and Relationship:						
Address:						
Contact Number/s:						

Patient's Signature Over Printed Name