

Antenatal Card

PATIENT DETAILS

UHID :
PATIENT NAME :
VISIT DATE :

DATE OF BIRTH :
AGE :

Blood Group :
MOBILE No. :

OBSTETRIC HISTORY :

Gravida : Parity : Live Birth : Abortion : Ectopic : Vascular Mode :

MTP : IUD : Still Birth : Neonatal Death :

LMP : EDC (LMP+9M+7D) : Scan EDC :

MENSTRUAL HISTORY

Menarche : Cycle (Reg/Irreg) : Days

Previous Three Cycle

Cycle 1 : Days

Cycle 2 : Days

Cycle 3 : Days

MARITAL HISTORY

Age at Marriage : Years Months Duration of Marriage : Years Months

Consanguineous :

Treatment for Infertility :

Infertility Treatment Details :

PREVIOUS PREGNANCY

Sl No	Mother				Baby				Complications			
	No. of Pregnancy	Age at birth	Pregnancy Outcome	Place of Delivery	Delivery Outcome	Gender	Birth Weight	Gestational Age	Antenatal	Intra Partum	Post Partum	Blood Transfusion

Medical Disorders :

Obstetric Complications :

PAST MEDICAL HISTORY

Sl No.	Comorbidity	Since		Remarks
		Years	Months	

GENERAL EXAMINATION

Weight : Height : BMI :
Breast : Nipple : Thyroid :
Pallor : Icterus : Cyanosis : Edema :
Lymphadenopathy :
Spine : GAIT : Others :

Immunization Details

1st Dose : 2nd Dose on : Others :

:

EXTERNAL LAB REPORT ENTRY

Test Name	Test Result
xvxxvcv	xvcxvvcv

