

Patient's Last Name		Patient's First Name			
asdfasdf		asdfasd			
Address -number, street name		Apt/Suite/Unit			
fasdf		fsadf			
City/Town	Province	Postal Code	Patient's Last Name	Patient's First Name	
fa	sadf	sadff	sadf	asdf	
Telephone -Home	Telephone -Wrk	Language	Patient's Occupation	Patient's Educational level	Age
	fsadfsa	as	sadf	asdf	
Date of birth	Age	Occupation	Educational level	Ethnic or Racial backgrounds: Mother/Father	
	f		sadfsadf		
OHIP No.	Patient File No.	Maritalstatus	Birth attendant	Newborn care	Family Physician
sdf	adf				
Allergies or Sensitivities (descibe reaction details)			Medications/Herbals		
sdf			sdf		

Pregnancy Summary

LMP	sadf	Certain <input type="radio"/> Yes <input checked="" type="radio"/> No	EDB(by dates)	Final EDB	Dating Method
Cycle q	adfsadfsdf	Certain <input checked="" type="radio"/> Yes <input type="radio"/> No	asdf		<input type="checkbox"/> Dates
Contraceptive type		Last Used			<input type="checkbox"/> T1US
					<input type="checkbox"/> T2US
					<input type="checkbox"/> ART(e.g.IVF)
Gravida	Term	Premature	Abortuses	Living	
fasdfsa		sadf	asdf	sdf	

Obstetrical History

No.	Year	SEX (M/F)	Gest.age (weeks)	Brith weight	length of labour	Place of birth	Type of delivery	Comments regarding pregnancy and birth
		f						
			f				f	
	f			d	d	fd	f	
		f		df	df			
		f						
							fds	

Medical History and Physical Exam (provide details in comments)

Current pregnancy Bleeding <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Nausea, vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No Smoking <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No cig/day Alcohol, street drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Occup/Environ. risks <input type="checkbox"/> Yes <input type="checkbox"/> No Detary restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Calcium adequate <input type="checkbox"/> Yes <input type="checkbox"/> No	Genetic History At risk population(e.g.: Ashkenazi consanguinity, CF, sickle cell. Tay Sachs. thalassemia) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Developmental delay <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Congenital anomalies <input type="checkbox"/> Yes <input type="checkbox"/> No Chromosomal disorders <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Genetic disorders <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current pregnancy At risk population (e.g.: DM, DVT/PE,PIH/HT, postpartum depression, thyroid) <input type="checkbox"/> Yes <input type="checkbox"/> No Physical Examination Ht. <input type="text"/> Wt. <input type="text"/> BMI <input type="text"/> BP <input type="text"/> Thyroid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Chest <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Initial Laboratory Investigations

Test	Result	Test	Result
Hb		HIV	
MCV		<input checked="" type="checkbox"/> Counseled and test declined	
ABO	asd	LASTPap	
Rh			
Antibody Screen		CG/Chlamydia	df
Rubella immune	df	Urine C&S	sdfsadf
HBsAg	dfa		

☐ Yes ☒ No
Preconceptual folate
☐ Yes ☐ No

Medical History

Hypertension
☐ Yes ☒ No
Endocrine
☒ Yes ☐ No

Urinary tract
☐ Yes ☒ No

Cardiac/Pulmonary
☒ Yes ☐ No

Liver, hepatitis, GI
☐ Yes ☒ No

Gynaecology/ Breast
☐ Yes ☐ No

Hem./Immunology
☒ No ☐ No

Surgery
☐ Yes ☐ No

Blood transfusion
☐ Yes ☒ No

Anaesthetic compl.
☒ Yes ☐ No

Psychiatric
☐ Yes ☒ No

Epilepsy/ Neurological
☐ Yes ☐ No

Other
☐ Yes ☒ No

Infectious Disease
Varicella susceptible
☒ Yes ☐ No
STDs/ HSV/ BV
☐ Yes ☐ No
Tuberculosis risk
☐ Yes ☐ No
Other
☐ Yes ☐ Yes

Psychosocial

Poor social support
☒ Yes ☐ No

Relationship problems
☐ Yes ☐ No

Emotional/Depression
☐ Yes ☐ No

Substance abuse
☐ Yes ☐ No

Family violence
☐ Yes ☐ No

Parenting concerns
☐ Yes ☐ No

Relig./Cultural issues
☐ Yes ☐ No

Breasts
☐ Yes ☒ No
Cardiovascular
☒ Yes ☐ No
Abdomen
☒ Yes ☐ No
Varicosities / Extrm.
☐ Yes ☐ No

External genitalia
☒ Yes ☐ No

Cervix, vagina
☐ Yes ☐ No

Uterus
☒ Yes ☐ No

Size: weeks
☐ Yes ☐ No

Adnexae
☒ Yes ☒ No

Other

VDRL	<input type="text" value="sa"/>		
Sickle Cell	<input type="text" value="fasdf"/>		

Prenatal Genetic Investigations	Result
a) Allages -MSS, IPS, FTS	<input type="text" value="sadf"/>
b) Age > 35 at EDN-CVS/amnio	<input type="text" value="sasadf"/>
c) If a or b declined, or twins, then MSAFP	<input type="text" value="sadf"/>
d) Counseled and test declined, or too late	<input checked="" type="checkbox"/>

Coments

asdfsdfasdfsdfsadf

Signature

Date

Signature

Date