Patient's Last	Name	1	Patient's First	Name							
asdfasdf		asdfasd									
Address -number, street name			Apt/Suite/Unit								
fasdf					fsadf						
ity/Town				Province	Postal Code	Patient's Last	Name			s First Name	
fa				sadf	sadff	sadf			asdf		
		elephone -Wb	rk	Language		Patient's Occi	upation	Patient's I	Educational	level	Age
-		-	fsadfsa			sadf		asdf asdf ackgrounds: Mother/Father			
ate of birth					evel						
		f		sadfsadf							
HIP No.		tient File No.		Maritalstatus		Birth attendan	t	Newborn	care	Family P	hysician
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sdf						sdf					
					Pregnancy	Summary					
MP sadf		Cert	tain O Yes	O No	EDB(by o	lates)		Final EDB		Dating Me	thod
ycle q		Cert	tain O Yes	O No	asdf					☐ Dates ☐ T1US	
adfsadfsdf										☐ T2US	
ontraceptive	type type	Last	t Used							ART(e.g.IVF)
Gravida	Term	Pren	nature	Abortuses	Living						
fasdfsa		sa	ıdf	asdf	sdf						
				^	Obstetrica	l History					
		SEX			Brith		c D	lace	Type of	-	nents regardir
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urrent preg	nancy	Genetic H	-		rent pregnancy		Test	Result	Tes		Result
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urrent preg Bleedin Yes	nancy	At r Ash	-	n(e.g.: nguinity		ation (e.g.: E,PIH/HT,	Hb	Kesuit	HIV		
urrent preg Bleedin Yes Nausea	nancy ng No	Atr Ash , CF Sacl	isk populatio kenazi consa , sickle cell. hs. thalassem	n(e.g.: inguinity Tay ia)	At risk popul DM, DVT/PI postpartum thyroid)	ation (e.g.: E,PIH/HT, depression,		Result	HIV	Į.	
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Hypertension Yes No	Precenceptual folate	Yes No edical History Hypertension	✓ Yes □ No STDs/HSV/BV	Cardiovascular						
dical History Yes No Abdomen Yes No Abdomen Yes No No Yes No No Yes No No Yes No No No No No No No N	STD HSV BV Yes No Abdomen Yes No Abdomen Yes No No No No No No No Sugery Yes No No No Yes No No Psycharic Yes No No No Psycharic Yes No No No No No No No N	edical History Hypertension			Sickle Cell	foodf				
Hypertension	Hypertension			A1 1		lasui				
Yes No Epilepsy/ Neurological Yes Yes No Other Yes Yes No Coments	Yes No Epilepsy/ Neurological Yes Yes No Other Yes Yes No Coments	✓ 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	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 Varicosities / Extrm. Yes No External genitalia ✓ Yes No Cervix, vagina Yes No Uterus ✓ Yes No Size: sdaf weeks Yes No Adnexae ✓ Yes No	a) Allages -N b) Age > 35 c) If a or b de MSAFP d) Counseled	metic Investigation MSS, IPS, FTS at EDN-CVS/ama eclined, or twins,	nio , then	sadf		
sdfasdfasdfasdfsadf	sdfasdfasdfasdfsadf	☐ Yes ☑ No Epilepsy/ Neurological ☐ Yes ☐ No Other								
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