



**Ontario
Medical
Association**

*In conjunction
with the*

Ontario
**Ministry of Health
and Long-Term Care**

Antenatal Record 1

| | | | |
|--|--|----------------------|----------------|
| Patient's Last Name | | Patient's First Name | |
| Address – number, street name | | | Apt/Suite/Unit |
| City/Town | | Province | Postal Code |
| Telephone - Home | | Telephone - Work | Language |
| Date of birth YYYY/MM/DD | | Age | Occupation |
| OHIP No. | | Patient File No. | Marital status |
| Allergies or Sensitivities (describe reaction details) | | Medications/Herbals | |

| Pregnancy Summary | | | |
|--------------------|--|----------------|--|
| LMP YYYY/MM/DD | Certain Yes <input type="checkbox"/> No <input type="checkbox"/> | EDB (by dates) | Final EDB |
| Cycle q _____ | Regular Yes <input type="checkbox"/> No <input type="checkbox"/> | | Dating Method |
| Contraceptive type | Last used YYYY/MM/DD | | <input type="checkbox"/> Dates |
| | | | <input type="checkbox"/> T ₁ US |
| | | | <input type="checkbox"/> T ₂ US |
| | | | <input type="checkbox"/> ART (e.g. IVF) |
| Gravida | Term | Premature | Abortuses |
| | | | Living |

| Obstetrical History | | | | | | | |
|---------------------|------|------------|----------------------|-----------------|---------------------|-------------------|---------------------|
| No. | Year | Sex M/F | Gest. age (weeks) | Birth weight | Length of labour | Place of birth | Type of delivery |
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| Medical History and Physical Exam (provide details in comments) | | | | Initial Laboratory Investigations | | | |
|---|-------|---|-------|--|---------|---|--------------------------|
| Current Pregnancy | | Genetic History | | Family History | | Test | |
| 1. Bleeding | Y / N | 22. At risk population | Y / N | 38. At risk population | Y / N | Hb | |
| 2. Nausea, vomiting | Y / N | (e.g.: Ashkenazi, consanguinity, CF, sickle cell, Tay Sachs, thalassemia) | | (e.g.: DM, DVT/PE, PIH/HT, postpartum depression, thyroid) | | MCV | |
| 3. Smoking ___cig/day | Y / N | Family history of: | | Physical Examination | | ABO | |
| 4. Alcohol, street drugs | Y / N | 23. Developmental delay | Y / N | Ht. _____ Wt. _____ | | Rh | |
| 5. Occup/Environ. risks | Y / N | 24. Congenital anomalies | Y / N | BMI _____ BP _____ | | Antibody Screen | |
| 6. Dietary restrictions | Y / N | 25. Chromosomal disorders | Y / N | | | Rubella immune | |
| 7. Calcium adequate | Y / N | 26. Genetic disorders | Y / N | | | HBsAg | |
| 8. Preconceptional folate | Y / N | | | | | VDRL | |
| | | | | | | Sickle Cell | |
| Medical History | | Infectious Disease | | Physical Examination | | Prenatal Genetic Investigations | |
| 9. Hypertension | Y / N | 27. Varicella susceptible | Y / N | 39. Thyroid | N / Abn | a) All ages-MSS, IPS, FTS | |
| 10. Endocrine | Y / N | 28. STDs / HSV / BV | Y / N | 40. Chest | N / Abn | b) Age ≥ 35 at EDB-CVS/amnio | |
| 11. Urinary tract | Y / N | 29. Tuberculosis risk | Y / N | 41. Breasts | N / Abn | c) If a or b declined, or twins, then MSAFP | |
| 12. Cardiac/Pulmonary | Y / N | 30. Other | Y / N | 42. Cardiovascular | N / Abn | d) Counseled and test declined, or too late | <input type="checkbox"/> |
| 13. Liver, hepatitis, GI | Y / N | | | 43. Abdomen | N / Abn | | |
| 14. Gynaecology/ Breast | Y / N | Psychosocial | | 44. Varicosities / Extrm. | N / Abn | | |
| 15. Hem./Immunology | Y / N | 31. Poor social support | Y / N | 45. External genitalia | N / Abn | | |
| 16. Surgery | Y / N | 32. Relationship problems | Y / N | 46. Cervix, vagina | N / Abn | | |
| 17. Blood transfusion | Y / N | 33. Emotional/Depression | Y / N | 47. Uterus | N / Abn | | |
| 18. Anaesthetic compl. | Y / N | 34. Substance abuse | Y / N | 48. Size: _____ weeks | | | |
| 19. Psychiatric | Y / N | 35. Family violence | Y / N | 49. Adnexae | N / Abn | | |
| 20. Epilepsy/ Neurological | Y / N | 36. Parenting concerns | Y / N | 50. Other | N / Abn | | |
| 21. Other | Y / N | 37. Relig. / Cultural issues | Y / N | | | | |
| Comments | | | | | | | |

| | | | |
|-----------|------|-----------|------|
| Signature | Date | Signature | Date |
|-----------|------|-----------|------|