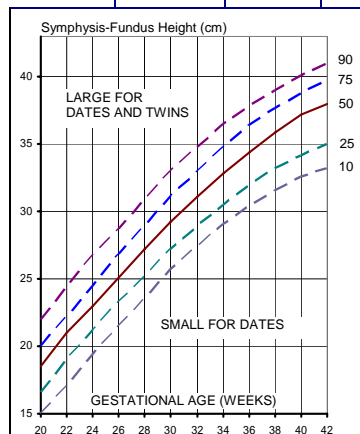


Patient's Last Name					Patient's First Name														
Birth attendant					Newborn care														
Family Physician					Final EDB					Allergies or Sensitivities					Medications / Herbals				
G	T	P	A	L															

[illegible]

Recommended Immunoprophylaxis	
1. Pre-exposure prophylaxis (PrEP)	For individuals at high risk of HIV infection, PrEP is recommended. It involves taking antiretroviral medications daily to prevent infection.
2. Post-exposure prophylaxis (PEP)	For individuals who have been exposed to HIV (e.g., through sexual contact or needle sharing), PEP is recommended. It involves taking antiretroviral medications for 28 days after exposure.
3. Vaccination	Individuals should be vaccinated against hepatitis B, hepatitis A, and pneumococcal disease, as these infections can be more severe in people with HIV.
4. Regular medical check-ups	Regular medical check-ups are essential for monitoring HIV status, managing opportunistic infections, and ensuring overall health.

Rh neg. <input type="checkbox"/>	Rh IG Given: YYYY/MM/DD	Rubella booster postpartum <input type="checkbox"/>	Newborn needs: Hep B IG <input type="checkbox"/>	Hep B vaccine <input type="checkbox"/>
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[illegible]

Ultrasound			Additional Lab Investigations	
Date	GA	Result	Test	Result
			Hb	
			ABO/Rh	
			Repeat ABS	
			1 hr. GCT	
Discussion Topics			2 hr. GTT	
<div> <input type="checkbox"/> Exercise <input type="checkbox"/> Preterm labour <input type="checkbox"/> Breastfeeding </div> <div> <input type="checkbox"/> Work plan <input type="checkbox"/> PROM <input type="checkbox"/> Circumcision </div> <div> <input type="checkbox"/> Intercourse <input type="checkbox"/> APH <input type="checkbox"/> Discharge planning </div> <div> <input type="checkbox"/> Travel <input type="checkbox"/> Fetal movement <input type="checkbox"/> Car seat safety </div> <div> <input type="checkbox"/> Prenatal classes <input type="checkbox"/> Admission timing <input type="checkbox"/> Depression </div> <div> <input type="checkbox"/> Birth plans <input type="checkbox"/> Pain management <input type="checkbox"/> Contraception </div> <div> <input type="checkbox"/> On call providers <input type="checkbox"/> Labour support <input type="checkbox"/> Postpartum care </div>			GBS	

Signature	Date	Signature	Date
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