

British Columbia Antenatal Record Part 1

1. Hospital

Attending physician/midwife

Referring physician/midwife

Mother's name

Date of birth
DD MM YYYY

Age at EDD

Mother's maiden name

Ethnic origin

Language preferred

Occupation

Work hrs./day

No. of school yrs completed

Partner's name

Age

Ethnic origin of newborn's father

Partner's work

Surname

Given name

Address

Phone number

Personal health number

2. Allergies

☐ None known

Medications/herbals

Beliefs & practices

3. Obstetrical History

Gravida

Term

Preterm

Abortion

(Induced ____ Spontaneous ____)

Living

Children

Date

Place of birth/
abortion

Hrs. in
labour

Gest.
age

Type of
birth

Perinatal complications

Sex

Birth
weight

Present
health

4. LMP

Menses cycle

Contraceptives

When stopped

EDD by dates

Confirmed EDD

☐ US performed ____ Gest wks. ____ days

5. Present Pregnancy

no

yes (specify)

☐ IVF pregnancy

☐ Bleeding

☐ Nausea

☐ Infections or fever

☐ Other

6. Family History

no

yes (specify)

☐ Heart disease

☐ Hypertension

☐ Diabetes

☐ Depression /
psychiatric

☐ Alcohol /
drug use

☐ Thromboembolic / coag.

Maternal

Newborn's Father

☐ Inherited
disease / defect

☐ Ethnic (e.g.
Taysachs, Sickie)

☐ Other

7. Medical History

no

yes (specify)

☐ Surgery

☐ Anesthesia

☐ Uterine/Cx procedure

☐ RESP. or CV

☐ STIs / infections

☐ Susceptible to chicken pox

☐ Thromboembolic / coag.

☐ Hypertension

☐ GI

☐ Urinary

☐ Endocrine/diabetes

☐ Neurologic

☐ Hx of mental illness

☐ Anxiety☐ Depression☐ Bipolar

☐ PP depression☐ Unknown☐ Other

☐ Other

8. Lifestyle & Social

Discussed

Concerns

Referred

☐ Diet

☐ Folic acid

☐ Physical activity/
rest / stop work date

☐ OTC drugs / vitamins

☐ Alcohol ☐ never ☐ quit *DD MM YYYY*

Drinks/wk: before pregnancy ____ current ____

Binge drinking ☐ no ☐ yes

☐ TWEAK score (see reverse)

☐ Substance use ☐ no ☐ yes

☐ Heroin☐ Cocaine☐ Marijuana

☐ Methadone☐ Solvents☐ Other

☐ Prescription☐ Unknown

☐ Smoking ☐ never ☐ quit *DD MM YYYY*

Cig/day: before pregnancy ____ current ____

☐ Exposure 2nd hand smoke ☐ no ☐ yes

☐ Financial & housing

☐ Support system

☐ IPV

9. Physical Examination

DD MM YYYY

BP

Height
CM

Pre-pregnant weight
KG

Pre-pregnant BMI

Head & neck

Musculoskeletal

Breasts & nipples

Varicies & skin

Heart & lungs

Pelvic exam

Abdomen

Swabs/cervix cytology

10. First Trimester Topics Discussed:

☐ MSS offered☐ Genetic counseling offered☐ HIV & other tests

☐ Baby's Best Chance☐ Prenatal education☐ Maternity pathway

☐ Seat belt use☐ Sexual relations

Plans to breastfeed

☐ Yes☐ No☐ Maybe

11. Summary

SIGNATURE:

MD / MW

BCPHP (HLTH) 1582-1 Rev. 2007/06/05 Prepared by The British Columbia Perinatal Health Program (formerly BCRCP)

WHITE: MOTHER'S CHART YELLOW: INFANT'S CHART PINK: PHYSICIAN/MIDWIFE

BAR CODE AREA - DO NOT USE