

1. IDENTIFICATION DATA

Name -

Age -

Residency -

Educational -

profession -

Blood group →

LMP →

G P [TPAL]

Husband's Name -

Husband's profession -

time since marriage →

Husband's Blood group →

[Booked / Unbooked]

[Registered / Referred]

EDD →

2. Chief COMPLAINTS → (great detail)

3. H/O PRESENT PREGNANCY

period of amenorrhea →

Conception → spontaneous / planned / treatment

Realization of pregnancy → symptoms / pregnancy test kit / other

confirmation of pregnancy →

1st trimester

Nausea-Vomiting

Folic Acid tablets (Yellow)

Ultrasound - (& date?)

Tetanus toxoid

2nd trimester

Iron + Folic Acid tablets

Quickening - date?

Ultrasound -

Tetanus toxoid?

3rd Trimester

Ultrasound

ANC visits?

bleeding p/v

[Fever
Pain - abd./pelvic/back
Burning micturition
Discharge
Bleeding p/v
ANC visit?]

[Fever
Pain - Abd/pelvic/back
bleeding - p/v]

[]

breastfeeding

Lochia ~ Odor
colour
urinatⁿ of mother -
feces of mother -

⑤ PAST OBSTETRICS HISTORY → * for each pregnancy *

① Pregnancy

- # outcome of pregnancy
- # gestational age at delivery

* if Abortion (method of abortⁿ) # place of delivery →
complications →

② Delivery

- # Normal / C-section (Why?)
- # LABOR { induced/spontaneous
normal/prolonged

③ Peripartum complications

- ### ④ Baby
- # Gender
 - # Age (current)
 - # Birth wt.
 - # breastfeeding
 - # immunization

⑥ MENSTRUAL HISTORY

- # Menarche - Age
- # Cycle - No. of days
- # Rhythm - Regular/Irregular
- # Post-menstrual bleeding
- # Contraceptive use

* Note LNMP here if not noted before

⑦ PAST HISTORY

H/o blood transfusion
any surgery
Chronic disease -
DM
HTN
TB

(Pelvic inflammatory
Disease
other (medicine history))

⑧ Family History

⑨ Personal History

diet
Smoking
alcoholism

⑩ Allergy (Drug allergy)