PRENATAL OB RECORD

(TO BE FILLED OUT BEFORE OB REGISTRATION)

_____ _____ _____

NAME DOB MRN

First day of last period: _____ Are your cycles monthly? Y / N

Prior menses date: _____ Age of onset: _____

(the period before your last period) # of days between cycles: _____

Fill out the following for any pregnancies you have had (including full term, miscarriages, living or not)

Example:

BIRTHDATE	GEST AGE	LABOR LENGTH	WEIGHT	SEX	DELIVERY TYPE	ANESTHESIA	PLACE OF BIRTH	PRETERM LABOR	CHILDS NAME	COMPLICATIONS
12/03/04	*40 wks*	*12 hrs*	*7 lbs 3 oz*	*M*	***Vaginal*** *(c-sec, induced, forceps, etc)*	*Y*	*AFH*	*No*	*John*	*Pre-eclampsia*
5/21/06	*9 wks*				***D&C*** *(passed naturally, abortion, stillborn, etc)*	*Y*	*California*			*Hemorrhage*

BIRTHDATE	GEST AGE	LABOR LENGTH	WEIGHT	SEX	DELIVERY TYPE	ANESTHESIA	PLACE OF BIRTH	PRETERM LABOR	CHILDS NAME	COMPLICATIONS

*** if more space is needed, use the back