

**OBSTETRICAL FILE
MEDICAL OBSERVATIONS**



DT9036

Family name at birth				Given name(s)			
Date of birth	Year	Month	Day	AGE	Area code	Telephone No.	
Health Insurance Number							
Address							
Spouse's name							

FAMILY ANTECEDENTS

Hypertension, diabetes, cardiopathy, multiple pregnancies, anomalies, genetic disease

PERSONAL ANTECEDENTS (0 : NEGATIVE, + : AB NORMAL, — NOT APPLICABLE)

Cardiac disease	Diabetes	Epilepsy	Neuropsychiatric disease
Hypertension	Thyroid disease	Blood dyscrasia	Previous surgery (specify)
Phlebitis	STD	Blood transfusions	Allergies
Renal disease	Genital herpes	Rh/ABO incompatibility	Hepatitis B (acute <input type="checkbox"/> / carrier <input type="checkbox"/>)

Specify:

MENSTRUAL HISTORY

Cycle	DLMP			EDC			Contraception method	Discontinued since			Pregnancy test on		
days	Year	Month	Day	Year	Month	Day		Year	Month	Day	Year	Month	Day

PREVIOUS PREGNANCIES

Total number of previous pregnancies		Term		Premature		Abortion		Living children		
No.	Date	Place	Duration of pregnancy (weeks)	Duration of labour	Method of delivery	Type of anaesthesia	♂ or ♀	Mass (kg)	Particularities	
Year	Month	Day							Mother	Child

Remarks:

CURRENT PREGNANCY (review of systems)

Nausea and vomiting	Icterus	Headaches	Bleeding	Urinary symptoms
Constipation	Edema	Vaginal discharge	Abdominal pain	

Remarks:

LIFESTYLE AND ENVIRONMENT

Radiation, X rays	Viral infection	Drugs	Coffee	Nutrition
Trauma	Contact with rubella	Alcohol	Occupation	Ethnocultural
Vaccination	Medication	Cigarettes (number)	Socio-cultural	HIV risk factors
Folic acid test	Remarks:			

Signature _____ Date _____

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Signature _____ Date Year Month Day