

**OBSTETRICAL FILE
EVOLUTION OF PREGNANCY**



DT9037

Family name at birth	Given name(s)
Health Insurance Number	
Address	

G Gravida **T** Term **P** Premature **A** Abortion **L** Live

Pelvis: not examined normal abnormal

Prenatal visits (O: negative, +: abnormal, -: not applicable)													EDC according to:			Date			Remarks:
Date	Weeks of gestation	Height of uterine fundus	Weight (mass) (kg)	Blood pressure	URINE			Fetal movement	Contractions	Fetal heart	Presentation	Edema	1. DLMP	Year	Month	Day			
					Albuminuria	Glycosuria							2. Clinic						
Year Month Day				/									3. Ultrasound before 20 weeks						
Year Month Day				/									4. Other ultrasound						
Year Month Day				/															
Year Month Day				/															
Year Month Day				/															
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