OBSTETRICAL FILE
MEDICAL OBSERVATIONS

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

PHYSICAL EXAMINATION

Height m	Weight before pregnancy (mass) kg	Current weight (mass) kg	Neck	Thyroid
Heart			Lungs	
Breasts	Abdomen		Lower limbs	
Particularities				
Perineum				
Vagina			Cervix	
Uterus			Adnexa	
Cytology ▶ No ☐ Yes ☐			Correlation between the volume of the uterus and gestational age ▶	
Particularities				

Signature _____ Date Year | Month | Day

POSSIBLE TOPICS OF DISCUSSION

Genetic counselling ☐	Hospital routine ☐	Anesthesia - Analgesia ☐	Hospital stay (mother - newborn) ☐
Travelling ☐	Accompanying person ☐	Vacuum extractors, forceps ☐	Cohabitation ☐
Sexual activity ☐	Birth room ☐	Episiotomy ☐	Breast feeding ☐
Exercise, sports ☐	Supervision during labour ☐	Perineum massage ☐	Circumcision ☐
Prenatal courses ☐	Monitoring ☐	Cesarean ☐	Contraception ☐
Medical availability ☐	Anxiety, fears ☐	Delivery position and techniques ☐	Financial resources ☐
			Resources at home ☐

Comments

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