NAME: _____ AGE: _____ G: _____ P: _____
LAST FIRST MIDDLE

PRIMARY OB / GYN: _____

DRUG ALLERGY:

LATEX ALLERGY:

PROBLEMS / PLANS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

MEDICATION LIST — Start date — Stop date

1. _____ ___/___/___ ___/___/___
2. _____ ___/___/___ ___/___/___
3. _____ ___/___/___ ___/___/___
4. _____ ___/___/___ ___/___/___
5. _____ ___/___/___ ___/___/___
6. _____ ___/___/___ ___/___/___

EDD CONFIRMATION

INITIAL EDD
LMP ___/___/___ = EDD ___/___/___
INITIAL EXAM ___/___/___ = ___ WKS = EDD ___/___/___
ULTRASOUND ___/___/___ = ___ WKS = EDD ___/___/___
FINAL EDD ___/___/___ INITIALED BY _____

FETAL GENDER

FEMALE ☐ MALE ☐ UNKNOWN ☐

CIRCUMCISION YES ☐ NO ☐

PREPREGNANCY WEIGHT _____

DATE	WEEKS GEST. (BEST EST.)	FUNDAL HEIGHT (CM)	PRESENTATION	FHR	FETAL MOVEMENT	PRETERM LABOR SIGNS / SYMPTOMS + = PRESENT o = ABSENT	CERVIX EXAM (DILATE, EFF., STA.) ULTRASOUND LENGTH	BLOOD PRESSURE	WEIGHT	URINE (ALBUMIN/GLUCOSE)	NEXT APPOINTMENT	PROVIDER (INITIALS)	COMMENTS

PROBLEMS _____

COMMENTS _____

PROVIDENCE
Tarzana
Medical Center

18321 Clark St.
Tarzana, CA 91356
Tel 818.881.0800

PATIENT I.D.

ANTEPARTUM RECORD
(PART A)

MS-9601A (1/00)

WHITE - Hospital Chart • YELLOW - Office Chart • PINK - Nursing

ANTEPARTUM RECORD (PART B)

NAME: _____ AGE: _____ G: _____ P: _____
LAST FIRST MIDDLE

DOB: _____ SPOUSE'S NAME: _____

DD: _____

SUPPLEMENTAL VISITS

PREGNANCY WEIGHT _____

Date	WEEKS GEST. (BEST EST.)	FUNDAL HEIGHT (CM)	PRESENTATION	FHR	FETAL MOVEMENT	PRETERM LABOR SIGNS / SYMPTOMS: + = PRESENT 0 = ABSENT	CERVIX EXAM (DIL / EFF, STA) ULTRASOUND LENGTH	BLOOD PRESSURE	WEIGHT	URINE (ALBUMIN / GLUCOSE)	NEXT APPOINTMENT	PROVIDER (INITIALS)

COMMENTS

PROGRESS NOTES

PROVIDENCE
Tarzana
Medical Center

18321 Clark St.
Tarzana, CA 91356
Tel 818.881.0800

PATIENT I.D.

ANTEPARTUM RECORD (PART B)

NS-9602B (1/08)

WHITE - Hospital Chart • YELLOW - Office Chart • PINK - Nursing

NAME:_____ _____ _____ AGE:_____ G:_____ P:_____
LAST FIRST MIDDLE

LABORATORY

INITIAL LABS	DATE	RESULT	REVIEWED
BLOOD TYPE	/ /	A B AB O	
D (Rh) TYPE	/ /	Pos Neg	
ANTIBODY SCREEN	/ /		
HCT / HGB	/ /	_____%_____g/dL	
PAP TEST	/ /	NORMAL/ABNORMAL_____	
RUBELLA	/ /		
VDRL	/ /		
URINE CULTURE / SCREEN	/ /		
HBsAg / Hep C	/ /		
TSH / FT4	/ /		
	/ /		

OPTIONAL LABS	DATE	RESULT	
HGB ELECTROPHORESIS	/ /	AA AS SS AC SC AF A_2	
PPD	/ /		
CHLAMYDIA	/ /		
GONORRHEA	/ /		
FIRST TRIMESTER SCREEN	/ /	☐A ☐D PAPPA _____ FREE BETA _____	
NUCHAL TRANSLUCENCY (11-13 wks)	/ /		
GENETIC ULTRASOUND (18-22 wks)	/ /		
MSAFP / QUAD SCREEN	/ /	AFP:	
☐ accepted ☐ declined		HCG:	
		UE3:	
		INHIBUN:	
AMINO / CVS KARYOTYPE	/ /	46, XX OR 46, XY/OTHER___	
AMNIOTIC FLUID (AFP)	/ /	NORMAL___ ABNORMAL___	
24-28-WEEK LABS (WHEN INDICATED)	DATE	RESULT	
HCT / HGB	/ /	_____%_____g/dL	
DIABETES SCREEN / TSH / FT4	/ /	1 HOUR___/___/___	
GTT (IF SCREEN ABNORMAL)	/ /	___FBS ___1 HOUR ___2 HOUR ___3 HOUR	
D (Rh) ANTIBODY SCREEN	/ /		
ANTI-D IMMUNE GLOBULIN (RhG) GIVEN (28 WKS)	/ /	SIGNATURE _____	
32-36-WEEK LABS	DATE	RESULT	
HCT / HGB	/ /	_____%_____g/dL	
ULTRASOUND (WHEN INDICATED)	/ /		
GBS (GC / Chlamydia)	/ /		
OTHER:			

DATE / /

	IgM	IgG
CMV		
TOXO		
PARVO		
HSV I		
HSV II		
VARICELLA		

HIV ☐ POS ☐ NEG ☐ DECLIN

ADDITIONAL COMMENTS:

Encino-Tarzana
Regional Medical Center
Encino Hospital • Tarzana Hospital

18321 Clark St.
Tarzana, CA 91356
Tel 818.881.0800

PATIENT I.D.

ANTEPARTUM RECORD (PART C)

ANTEPARTUM RECORD (PART E)

Name: _____ Age: _____ G: _____ P: _____
LAST FIRST MIDDLE

DOB: _____ Hospital of Delivery: _____

Newborn's Physician: _____ Referred by: _____

FINAL EDD _____ PRIMARY PROVIDER / GROUP _____

BIRTHDATE MONTH DAY YEAR	AGE	RACE	MARITAL STATUS S M W D SEP	
OCCUPATION			EDUCATION (LAST GRADE COMPLETED)	
LANGUAGE				
HUSBAND/DOMESTIC PARTNER			PHONE	
FATHER OF BABY			PHONE	

TOTAL PREG	FULL TERM	PREMATURE	AB. INDUCED	AB. SPONTANEOUS	ECTOPICS	MULTIPLE BIRTHS	LIVING

PAST PREGNANCIES (LAST 6)

DATE MONTH / YEAR	GA WEEKS	LENGTH OF LABOR	BIRTH WEIGHT	SEX M/F	TYPE DELIVERY	ANES.	PLACE OF DELIVERY	PRETERM LABOR YES/NO	COMMENTS / COMPLICATIONS

MENSTRUAL HISTORY

LMP ☐ DEFINITE ☐ APPROXIMATE (MONTH KNOWN) ☐ UNKNOWN ☐ NORMAL AMOUNT / DURATION ☐ FINAL _____

MENSES MONTHLY ☐ YES ☐ NO PRIOR MENSES _____ DATE

FREQUENCY: Q _____ DAYS ON BCP AT CONCEPT ☐ YES ☐ NO

MENARCHE _____ (AGE ONSET) hCG + ___/___/___

MEDICAL HISTORY / REVIEW OF SYSTEMS

	0 NEG + POS	DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT
ABNORMAL PAP		
UTERINE ABN / DES		
INFERTILITY		
GYN SURGERY		
OPERATIONS / HOSPITALIZATIONS (YEAR & REASON)		
ANESTHETIC COMPLICATIONS		
OTHER		
DRUG / LATEX ALLERGIES / REACTIONS		

	AMT / DAY PREPREG	AMT / DAY PREG	# YEARS USE
TOBACCO			
ALCOHOL			
ELICIT / RECREATIONAL DRUGS			

	0 NEG + POS	DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT
1. BACK PAIN / SCOLIOSIS		
2. BREAST		
3. DIABETES		
4. HYPERTENSION		
5. HEART DISEASE		
6. PULMONARY (TB, ASTHMA)		
7. AUTOIMMUNE DISORDER		
8. KIDNEY DISEASE / UTI		
9. NEUROLOGIC / EPILEPSY		
10. PSYCHIATRIC		
11. DEPRESSION / POST PARTUM DEPRESSION		
12. HEPATITIS / LIVER DISEASE / GI		
13. VARICOSITIES / PHLEBITIS		
14. THYROID DYSFUNCTION		
15. TRAUMA / VIOLENCE		
16. HISTORY OF BLOOD TRANFUS.		
17. D (Rh) SENSITIZED		
18. BLOOD TRANSFUSION IN ER?		
19. ANESTHESIA CONSULT		
20. FAMILY HISTORY		

PATIENT I.D. _____

PROVIDENCE
Tarzana
Medical Center

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Tarzana, CA 91356
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ANTEPARTUM RECORD (PART E)

NS-9605E (1/08)

WHITE - Hospital Chart • YELLOW - Office Chart • PINK - Nursing

Name _____ Age: _____ G: _____ P: _____
LAST FIRST MIDDLE

GENETIC SCREENING/TERATOLOGY COUNSELING
INCLUDES PATIENT, BABY'S FATHER, OR ANYONE IN EITHER FAMILY WITH:

	YES	NO		YES	NO
1. PATIENT'S AGE ≥ 35 YEARS AS OF ESTIMATED DATE OF DELIVERY			13. HUNTINGTON'S CHOREA		
2. THALASSEMIA (ITALIAN, GREEK, MEDITERRANEAN, OR ASIAN BACKGROUND); MCV < 80			14. MENTAL RETARDATION/AUTISM		
3. NEURAL TUBE DEFECT (MENINGOMYELOCELE, SPINA BIFIDA, OR ANENCEPHALY)			IF YES, WAS PERSON TESTED FOR FRAGILE X ?		
4. CONGENITAL HEART DEFECT			15. OTHER INHERITED GENETIC OR CHROMOSOMAL DISORDER		
5. DOWN SYNDROME			16. MATERNAL METABOLIC DISORDER (EG, TYPE 1 DIABETES, PKU)		
6. TAY-SACHS (EG, ASHKENAZI JEW, CAJUN, FRENCH CANADIAN)			17. PATIENT OR BABY'S FATHER HAD A CHILD WITH BIRTH DEFECTS NOT LISTED ABOVE		
7. CANAVAN DISEASE			18. RECURRENT PREGNANCY LOSS, OR A STILLBIRTH		
8. SICKLE CELL DISEASE OR TRAIT (AFRICAN)			19. MEDICATIONS (INCLUDING SUPPLEMENTS, VITAMINS, HERBS OR OTC DRUGS) ILLICIT/RECREATIONAL DRUGS/ALCOHOL SINCE LAST MENSTRUAL PERIOD		
9. HEMOPHILIA OR OTHER BLOOD DISORDERS					
10. MUSCULAR DYSTROPHY			20. CONSANGUINITY		
11. CYSTIC FIBROSIS			21. MULTIPLE GESTATION		
12. SEPHARDIC JEWISH			22. BREAST CA/OVARIAN CA/COLON CA		

COMMENTS / COUNSELING _____

INFECTION HISTORY	YES	NO		YES	NO
1. LIVE WITH SOMEONE WITH TB OR EXPOSED TO TB			4. HISTORY OF STD, GONORRHEA, CHLAMYDIA, HPV, SYPHILIS		
2. PATIENT OR PARTNER HAS HISTORY OF GENITAL HERPES			5. EXPOSURE TO CATS OR WILD ANIMALS		
3. RASH OR VIRAL ILLNESS SINCE LAST MENSTRUAL PERIOD			6. OTHER (See Comments)		

COMMENTS _____

INTERVIEWER'S SIGNATURE _____

INITIAL PHYSICAL EXAMINATION

DATE ____/____/____ HEIGHT _____ BP _____

1. HEENT	☐ NORMAL	☐ ABNORMAL	12. VULVA	☐ NORMAL	☐ CONDYLOMA	☐ LESIONS
2. FUNDI	☐ NORMAL	☐ ABNORMAL	13. VAGINA	☐ NORMAL	☐ INFLAMMATION	☐ DISCHARGE
3. TEETH	☐ NORMAL	☐ ABNORMAL	14. CERVIX	☐ NORMAL	☐ INFLAMMATION	☐ LESIONS
4. THYROID	☐ NORMAL	☐ ABNORMAL	15. UTERUS SIZE	_____ WEEKS		☐ FIBROIDS
5. BREASTS	☐ NORMAL	☐ ABNORMAL	16. ADNEXA	☐ NORMAL	☐ MASS	
6. LUNGS	☐ NORMAL	☐ ABNORMAL	17. RECTUM	☐ NORMAL	☐ ABNORMAL	☐ DEFFERED
7. HEART	☐ NORMAL	☐ ABNORMAL				
8. ABDOMEN	☐ NORMAL	☐ ABNORMAL				
9. EXTREMITIES	☐ NORMAL	☐ ABNORMAL				
10. SKIN	☐ NORMAL	☐ ABNORMAL				
11. LYMPH NODES	☐ NORMAL	☐ ABNORMAL				

COMMENTS (Number and explain abnormals) _____

EXAM BY: _____

PROVIDENCE
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Medical Center

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PATIENT I.D.

ANTEPARTUM RECORD
(PART F)

NS-9606F (1/08) ABG

WHITE - Hospital Chart • YELLOW - Office Chart • PINK - Nursing

ANTEPARTUM RECORD (PART D)

Name: _____ Age: _____ G: _____ P: _____
LAST FIRST MIDDLE

	Date	Accepted	Declined	Result	Partner
Cystic Fibrosis	___/___/___	☐	☐	Pos/Neg	Pos/Neg
Fragile X	___/___/___	☐	☐	Pos/Neg	Pos/Neg

Ashkenazi Panel	Neg	Pos	Partner
Blood Syndrome	☐	☐	+/–
Canavan Disease	☐	☐	+/–
Familial Dysautonomia	☐	☐	+/–
Fanconi Anemia	☐	☐	+/–
Gaucher Disease	☐	☐	+/–
Glycogen Storage Disease	☐	☐	+/–
Maple Syrup Disease	☐	☐	+/–
Mucolipidosis, Type IV	☐	☐	+/–
Niemann-Pick (Type A)	☐	☐	+/–
Tay-Sachs Disease	☐	☐	+/–
Familial Hyperinsulinism	☐	☐	+/–
Nemaline Myopathy	☐	☐	+/–
Usher Syndrome Type I	☐	☐	+/–
Usher Syndrome Type III	☐	☐	+/–
Lipoamide Dehydronase Deficiency (E3)	☐	☐	+/–

PIH Labs:	Date ___/___/___	Date ___/___/___	Date ___/___/___
PLT:			
BUN:			
Crt:			
Urine Acid:			
AST:			
ALT:			
FIBRINOGEN:			
24hrs Urine Protein:			
Creatinine Clearance:			
Volume _____ :			

PROVIDENCE
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PATIENT I.D.

ANTEPARTUM RECORD (PART D)

NS-9604D (1/08)

WHITE - Hospital Chart • YELLOW - Office Chart • PINK - Nursing

Name _____ Age: _____ G: _____ P: _____
LAST FIRST MIDDLE

DOB _____

PROGRESS NOTES

PROVIDENCE
Tarzana
Medical Center

18321 Clark St.
Tarzana, CA 91356
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PATIENT I.D.

ANTEPARTUM RECORD
(PART G)