

**NAVAL HOSPITAL ROTA
ANTEPARTUM RECORD – PART 1**

NAME: _____

SSN: _____

BIRTH DATE	AGE	RACE	MARITAL STATUS	OCCUPATION: <input type="checkbox"/> WORK <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> STUDENT	
_____ <small>MO / DAY / YR</small>	_____	_____	<i>S M W D SEP</i>	HIGHEST LEVEL OF EDUCATION:	
CATEGORY : <input type="checkbox"/> NAVY <input type="checkbox"/> AD/Rank _____ <input type="checkbox"/> ARMY <input type="checkbox"/> DEP AD _____ <input type="checkbox"/> AIR FORCE <input type="checkbox"/> RET _____ <input type="checkbox"/> MARINES <input type="checkbox"/> DEP RET _____ <input type="checkbox"/> DOD			ADDRESS: City _____ State ____ Zip _____ (Home) _____ (Work) _____ (Cell) _____		TYPE OF WORK: _____ PRIMARY LANGUAGE: _____ PATIENT'S SOCIAL SECURITY # _____ Husband/FOB _____ (name) _____ (phone) _____ Emergency Contact _____ (name) _____ (phone) _____

PAST PREGNANCIES

DATE MO / YR	GA WEEKS	LENGTH OF LABOR	SEX M / F	BIRTH WEIGHT	TYPE OF DELIVERY	ANEST	PLACE OF DELIVERY	PRETERM LABOR YES / NO	COMMENTS / COMPLICATIONS

PAST MEDICAL HISTORY

	O=Neg +=Pos	DETAIL POSITIVE REMARKS INCLUDE DATE & PLACE OF TREATMENT	O=Neg +=Pos	DETAIL POSITIVE REMARKS INCLUDE DATE & PLACE OF TREATMENT																																		
1. DIABETES		15. ALLERGIES (DRUGS OR LATEX) REACTIONS 16. D (RH) SENSITIZED 17. OPERATIONS/HOSPITALIZATIONS (YEAR & REASON) 18. ANESTHETIC COMPLICATIONS 19. HISTORY OF ABNORMAL PAP 20. UTERINE ANOMALY/DES 21. INFERTILITY 22. BREAST/GYN SURGERY 24. SKIN DISORDERS/TATTOS/PIERCINGS <div style="text-align:center">HABITS</div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:15%;">AMT / DAY PREPREG</th> <th style="width:15%;">AMT / DAY PREG</th> <th style="width:20%;"># YRS USE</th> </tr> </thead> <tbody> <tr> <td>25. TOBACCO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>26. ALCOHOL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>27. ILLICIT/RECREATIONAL DRUGS</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div style="text-align:center">FAMILY HISTORY</div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:10%;">O=Neg +=Pos</th> <th style="width:30%;"></th> </tr> </thead> <tbody> <tr><td>36. HYPERTENSION</td><td></td><td rowspan="7" style="vertical-align: top;">COMMENTS:</td></tr> <tr><td>37. HEART DISEASE</td><td></td></tr> <tr><td>38. DIABETES</td><td></td></tr> <tr><td>39. EPILEPSY</td><td></td></tr> <tr><td>40. ASTHMA</td><td></td></tr> <tr><td>41. MULTIPLE BIRTH</td><td></td></tr> <tr><td>42. OTHER</td><td></td></tr> </tbody> </table>		AMT / DAY PREPREG	AMT / DAY PREG	# YRS USE	25. TOBACCO				26. ALCOHOL				27. ILLICIT/RECREATIONAL DRUGS					O=Neg +=Pos		36. HYPERTENSION		COMMENTS:	37. HEART DISEASE		38. DIABETES		39. EPILEPSY		40. ASTHMA		41. MULTIPLE BIRTH		42. OTHER			
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4. MITRAL VALVE PROLAPSE																																						
5. AUTOIMMUNE DISORDER																																						
6. KIDNEY DISEASE / UTI / STONES																																						
7. NEUROLOGIC / EPILEPSY / MIGRAINE																																						
8. PSYCHIATRIC ILLNESS, DEPRESSION, POSTPARTUM DEPRESSION																																						
9. HEPATITIS / LIVER / GI DISEASE																																						
10. VARICOSITIES / PHLEBITIS																																						
11. THYROID DYSFUNCTION																																						
12. HX OF TRAUMA, VIOLENCE or DOMESTIC ABUSE? Within the last year, have you been hit, slapped, kicked, physically hurt or forced to have sex?																																						
13. HIST. OF BLOOD TRANSFUSION																																						
14. PULMONARY (TB/ASTHMA)																																						
INFECTION HISTORY	O=Neg +=Pos																																					
28. HX OF CHICKEN POX, RUBELLA, MUMPS																																						
29. LIVE WITH SOMEONE WITH TB OR EXPOSED TO TB																																						
30. PATIENT OR PARTNER HAS HISTORY OF GENITAL HERPES																																						
31. RASH OR VIRAL ILLNESS SINCE LAST MENSTRUAL PERIOD																																						
32. HISTORY OF STD (GC, CHLAMYDIA, SYPHILIS, HPV)																																						
33. HIGH RISK OF HEPATITIS B OR IMMUNIZED																																						
34. DO YOU HAVE A CAT?																																						
35. WHEN WAS YOUR LAST TETANUS VACCINE?																																						

**NAVAL HOSPITAL ROTA SPAIN
ANTEPARTUM RECORD - PART 2**

GENETICS SCREENING - Includes baby's father or anyone in either family with:			
	YES	NO	
1. PATIENT'S AGE >34 YEARS AS OF DUE DATE			11. HUNTINGTON'S CHOREA
2. THALASSEMIA (ITALIAN, GREEK, MEDITERRANEAN, OR ORIENTAL BACKGROUND): MCV < 80			12. MENTAL RETARDATION/AUTISM
3. NEURAL TUBE DEFECT (MENINGOMYELOCELE, SPINA BIFIDA OR ANENCEPHALY)			(IF YES, WAS PERSON TESTED FOR FRAGILE X?)
4. DOWN SYNDROME			13. OTHER INHERITED GENETIC OR CHROMOSOMAL DISORDER
5. TAY-SACHS (EG, JEWISH, CAJUN, FRENCH CANADIAN)			14. PATIENT OR BABY'S FATHER HAD A CHILD WITH BIRTH DEFECTS NOT LISTED ABOVE
6. HEMOPHILIA OR OTHER BLOOD DISORDERS			15. RECURRENT PREGNANCY LOSS OR STILLBIRTH
7. SICKLE CELL DISEASE OR TRAIT			16. MEDICATIONS OR STREET DRUGS SINCE LAST MENSTRUAL PERIOD (IF YES, AGENTS)
8. CONGENITAL HEART DEFECT			17. CANAVAN DISEASE
9. MUSCULAR DYSTROPHY			18. MATERNAL METABOLIC DISORDER (EG, TYPE 1 DIABETES, PKU)
10. CYSTIC FIBROSIS			19. OTHER SIGNIFICANT FAMILY HISTORY (SEE COMMENTS)

COMMENTS

INTERVIEWER'S SIGNATURE:

INITIAL PHYSICAL EXAMINATION

DATE: ____/____/____ **PREPREGNANCY WEIGHT** _____ **HEIGHT** _____ **BP** _____

				COMMENTS: (Number and explain abnormal)
	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	<input type="checkbox"/> NOT EXAMINED	
1. HEENT/TEETH				
2. THYROID				
3. BREAST				
4. LUNGS				
5. HEART				
6. ABDOMEN				
7. EXTREMITIES				
8. SKIN				
9. LYMPH NODES				
10. VULVA		<input type="checkbox"/> CONDYLOMA	<input type="checkbox"/> LESIONS	
11. VAGINA		<input type="checkbox"/> INFLAMMATION	<input type="checkbox"/> DISCHARGE	
12. CERVIX		<input type="checkbox"/> INFLAMMATION	<input type="checkbox"/> LESIONS	
13. UTERUS SIZE: ____ WKS		<input type="checkbox"/> ABNORMAL	<input type="checkbox"/> FIBROIDS	
14. ADNEXA		<input type="checkbox"/> MASS	<input type="checkbox"/> TENDER	
15. RECTUM		<input type="checkbox"/> MASS	<input type="checkbox"/> NOT EXAMINED	
16. DIAGONAL CONJUGATE	<input type="checkbox"/> NOT REACHED	<input type="checkbox"/> REACHED	_____ CM	
17. SPINES	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> PROMINENT	<input type="checkbox"/> BLUNT	
18. SACRUM	<input type="checkbox"/> CONCAVE	<input type="checkbox"/> STRAIGHT	<input type="checkbox"/> ANTERIOR	
19. ARCH	<input type="checkbox"/> NORMAL	<input type="checkbox"/> WIDE	<input type="checkbox"/> NARROW	
20. GYNECOID PELVIC TYPE	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

COMMENTS:

EXAMINERS'S SIGNATURE _____