

# Specialists in Obstetrics and Gynecology of Columbus

## ANTEPARTUM RECORD

Name \_\_\_\_\_ Age \_\_\_\_\_ Religion \_\_\_\_\_ Race \_\_\_\_\_ Educ. \_\_\_\_\_  
 Address \_\_\_\_\_ (H) Phone \_\_\_\_\_ Marital Status M S W D Sep  
 Place of Employment \_\_\_\_\_ (W) Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
 Father of Baby \_\_\_\_\_ Age \_\_\_\_\_ Health Problems \_\_\_\_\_ Blood Type & Rh \_\_\_\_\_  
 Employer \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_ Educ. \_\_\_\_\_

### INSURANCE INFORMATION

Co. Primary _____	SS# of Insured	Group #	Plan #	Precert	Precerted	LOS
Secondary _____				Phone #	#	

Ultrasound Percerts \_\_\_\_\_ None Needed \_\_\_\_\_

Amnio Precert \_\_\_\_\_

### MENSTRUAL HISTORY

LMP \_\_\_\_\_ Normal \_\_\_\_\_ Menstrual Onset \_\_\_\_\_ Interval \_\_\_\_\_ Duration \_\_\_\_\_ H-M-L \_\_\_\_\_ EDC \_\_\_\_\_

Total Pregnancies: Full Term/Premature \_\_\_\_\_ AB's induced \_\_\_\_\_ Spon AB's \_\_\_\_\_ Ectopic's \_\_\_\_\_ Multiple Births \_\_\_\_\_ Living \_\_\_\_\_

### PAST PREGNANCIES

Date	GA Weeks	Length of Labor	Type of Delivery	Anesthesia	Place of Delivery	Sex	Weight	Complications	
								Mother	Child

### INITIAL PHYSICAL EXAM

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Pre-Pregnancy Weight \_\_\_\_\_ Height \_\_\_\_\_ BP \_\_\_\_\_

Eyes	Teeth	Thyroid	Throat	Skin
Heart	Lungs			
Breasts	Nipples	Tumors		
Abdomen	Height of Fundus			
Fetal Heart	Presentation and Position			
Extremities	Varicosities	Edema		
Vulva	Cervix	Rectal		
Vagina	Uterus			
Perineum	Adn exa			
Diag. Conj.	cm. Trans. Diam. Outlet	cm. Shape Sacrum		
Arch	Coccyx	Ilecial Spines		

Comments: \_\_\_\_\_