

Name _____ Age _____

Obstetrician _____

Gr _____ P _____ LMP _____ EDC _____ U/S _____

Serology: Blood Type _____ RH _____ Titer _____

VDRL _____ Rubella Titer _____ 1° _____

HBS-AG _____ Sickle Cell _____

PAP _____ GC/CHL _____ Group B Strep _____

Medications _____

Significant Med Hx and Physical Findings _____

Pediatrician _____



WOMEN'S HEALTH

McLaren Flint Women's Health

Flint Township: (810) 342-1700

Flushing: (810) 487-3500

After Hours: (810) 768-7182

Birthplace at McLaren Flint Hospital:

(810) 342-2279

Do not eat solid food after labor begins.

Bring this card with you to the hospital.

Visit Date				
Gest Age				
Fundal Height				
Presentation				
FHR				
Cervix Exam (DIL/EFF/STA)				
Blood Pressure				
Edema				
Weight				
Urine (ALB/GLU)				
Next Appt				
Provider Initials				

Comments