

McLaren Flint  
 FLINT, MICHIGAN  
**OBSTETRICAL HISTORY AND PHYSICAL EXAMINATION**

**I. CHIEF COMPLAINT** (To be completed on complicated or surgical cases)

**II. PRESENT ILLNESS** (To be completed on complicated or surgical cases)

**(THE FOLLOWING SECTION TO BE COMPLETED ON ALL CASES)**

**Gravida** \_\_\_\_\_ **Para** \_\_\_\_\_ **Periods: Onset** \_\_\_\_\_ **Cycle** \_\_\_\_\_ **Duration** \_\_\_\_\_

**L.M.P.** \_\_\_\_\_ **E.D.C.** \_\_\_\_\_ **Rh** \_\_\_\_\_

**Weight: Average** \_\_\_\_\_ **Onset** \_\_\_\_\_ **Present** \_\_\_\_\_

**Present Pregnancy:**

**Prenatal Complications** \_\_\_\_\_  
 \_\_\_\_\_

**Recent Exposure to Communicable Disease** \_\_\_\_\_

**III. PAST HISTORY**

**DELIVERIES:**

NO.	YEAR	SEX	WEIGHT	TYPE OF DELIVERY	COMPLICATION	LIVING

**OPERATIONS:**

**ILLNESSES:**

**ACCIDENTS:**

**ALLERGIES:**

**MEDICATIONS:**



PT.

MR./RM.

DR.

DR. \_\_\_\_\_  
MR./RM. \_\_\_\_\_  
PT. \_\_\_\_\_

IV. FAMILY HISTORY  
V. SOCIAL HISTORY  
VI. SYSTEMIC REVIEW

GENERAL:  
HEAD, EYES, EARS, NOSE, THROAT:  
CARDIORESPIRATORY:  
GASTROINTESTINAL:  
GENITOURINARY:  
MUSCULOSKELETAL:  
NEUROLOGICAL:

VII. PHYSICAL EXAMINATION

Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ B.P. \_\_\_\_\_

GENERAL:  
HEAD, EYES, EARS, NOSE, THROAT:

LUNGS:  
HEART:

BREASTS:

ABDOMEN:

Uterus: Size \_\_\_\_\_ Shape \_\_\_\_\_ Consistency \_\_\_\_\_  
Fetus: Size \_\_\_\_\_ Movement \_\_\_\_\_ F.H.T. \_\_\_\_\_  
Presentation and Position \_\_\_\_\_

MEASUREMENTS:

Pelvis, clinically adequate \_\_\_\_\_ Abnormal (specify) \_\_\_\_\_

PERINEAL CONDITION:

DILATATION AND STATION:

MUSCULOSKELETAL:

NEUROLOGICAL:

IMPRESSION:

PROGNOSIS:

\_\_\_\_\_  
(SIGNATURE OF PHYSICIAN)

\_\_\_\_\_  
(DATE)