

McLaren Flint
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Biophysical Profile Worksheet

Name: _____ Date: ___/___/___ G: _____ P: _____ A: _____

Indication for exam: _____

Severity: ___/10 Duration: _____

LMP: _____ per pt/per exam EDC: _____ per pt/per exam

Previous surgery: _____

Previous Exam/Dates: _____

Cervical Length: _____ cm

Placenta Position: _____ Grade: _____ Length from placenta tip to cx: _____ cm

Fetal Presentation: _____ Number: _____

AFI: _____ FHT: _____ bpm

BIOPHYSICAL PROFILE MEASUREMENTS (Hadlock w/Brenner Chart)

Fetal Breathing _____ BDP _____ cm _____ w _____ d

Gross Body Movement _____ HC _____ cm _____ w _____ d

Fetal Tone _____ AC _____ cm _____ w _____ d

AFI _____ FL _____ cm _____ w _____ d

BPP _____/8

FL/AC: _____ FL/BDP: _____ HC/AC: _____ CI: _____

AGA: _____ weeks _____ days _____ LMP: _____

EFW: _____ g± _____ g

Additional Comments: _____

Sonographer: _____

