

Biophysical Profile/Partial Examination-Measurements

Name: _____ Birth Date: _____ Date: _____

Physician: _____ Diagnosis: _____

G: _____ P: _____ AB: _____ Miscarriage: _____ LMP: _____

EDC: _____

EDC by Current US: _____

AGE by EDC: _____

Age by Current US: _____

Biophysical Profile

Fetal Movements (3 in 30 min.) 0 2

Fetal Tone (any flex or extension) 0 2

Fetal Breathing (minimum 30 sec.) 0 2

Quantitative AFI (minimum 2cm pocket) 0 2

Total

| |
|--|
| |
|--|

 / 8**FETUS**

Fetal Number: _____

Est Fetal Wt: _____ +/- _____ g. _____ (lb/oz)

EFW (Hadock): _____ %

BPD: _____ cm MA _____ wk _____ D(+/-)

HC: _____ cm MA _____ wk _____ D(+/-)

AC: _____ cm MA _____ wk _____ D(+/-)

FL: _____ cm MA _____ wk _____ D(+/-)

CI _____

FL/BPD% _____

HC/AC% _____ Heart Rate: _____

FL/AC% _____

UTERUS

Placenta: _____ Grade: _____

Previa: _____

AFI: _____

MATERNAL PELVIS

Cervix Length : _____ Open Closed

Left Ovary: _____

Right Ovary: _____

ADDITIONAL COMMENTS: _____

Sonographer: _____