

McLaren Flint

OBSTETRICAL HISTORY AND PHYSICAL EXAMINATION

1. **Chief Complaint:** _____

2. **Present Illness:** ___ year old G___ P___ at _____ /7 weeks gestation presents with complaint of:
 Contractions q ___ minutes Vaginal bleeding GBS +
 Leakage of fluid @ _____ Decreased fetal movement Other: _____

LMP: _____ EDC: _____ Based on : _____ ABO Rh: _____

Weight prior to pregnancy: _____ Present weight: _____

Present Pregnancy:

Prenatal Complications: gestational diabetes type _____ gestational hypertension preelampsia
 Other: _____

Recent exposure to communicable disease: _____

3. Past history

Deliveries:

No	Year	Sex	Weight	Delivery Type	Complication	Living

Operations: c-section tonsils and adenoids wisdom teeth removed laparoscopy
 Other: _____

Illnesses: _____

Accidents: _____

Allergies: _____ NKDA

Current Medications: Perinatal vitamins Other: _____

4. **Family History:** Diabetes Hypertension Other: _____

5. **Social History:** Smokes _____ ppd alcohol illicit drug use:



PT.

MR./P.M.

DR.

McLaren Flint

6. **Systemic Review:** All systems reviewed and negative except as noted on HPI

General: _____

Head, eyes, ears, nose, throat: _____

Cardiorespiratory: _____

Gastrointestinal: _____

Genitourinary: _____

Musculoskeletal: _____

Neurological: _____

7. **Physical Exam:** **Temp:** _____ **Pulse:** _____ **Resp:** _____ **B/P:** _____

General: Alert and oriented x3 No acute distress

Head, eyes, ears, nose, throat: Pupils equal, round, reactive to light and accommodation
 Normocephalic/ atraumatic

Lungs: Clear to auscultation bilaterally

Heart: Regular rate and rhythm

Breasts: Deferred

Abdomen: Uterus: Size: _____ Shape: _____ Consistency: _____

Fetus: Size: _____ Movement: _____ FHT: _____

Presentation and Position: _____

Perineal Condition: No lesions

Dilation and Station:

Musculoskeletal: Grossly intact

Neurological: Grossly intact

Assessment and Plan: _____

Signature of Physician

Date/Time