



MEDICAL GROUP

DEPARTMENT OF OB/GYN

PRENATAL CARE

Doctor _____

Patient Name _____ Age _____

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 _____

Medication _____

Significant Med. Hx and Physical Findings _____

Pediatrician _____

**Do not eat solid food after labor begins.
Bring this card with you to the hospital.**

Date						
BP						
Weight						
Urine Alb/Glucose						
Hgb.						
Edema						
FHT						
Gest Age						
Fundus						
Position						
Cervix						
Date						
BP						
Weight						
Urine Alb/glucose						
Hgb.						
Edema						
FHT						
Gest Age						
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Cervix						