PRENATAL EXAM

Elkhart and St. Joseph Counties Head Start Consortium
Phone: 574-393-5864 Fax: 574-283-8108

Name: _____ **Date of Birth:** _____/_____/_____

Address: _____ **Phone:** _____

Height	Weight	Gestational Stage/Weeks Pregnant	BP	Pulse

Tests Required:

HGB/HCT	SICKLE CELL (Circle One): Absent / Present / Trait	URINE: protein/glucose (if indicated)	TB TEST (if high risk)

Medical History

	-Neg +Pos	Detail Positive Remarks, include date and treatment		-Neg +Pos	Detail Positive Remarks, include date and treatment
Diabetes			History of Blood Transfusions		
Hypertension			D (Rh) Sensitized		
Heart Disease			Pulmonary (TB Asthma)		
Autoimmune Disorder			Drug/Latex/Allergies/Reactions		
Hepatitis/Liver Disease			Breast		
Varicosities/Phlebitis			Gyn Surgery		
Kidney Disease/UTI			Operations/Hospitalization/Year/Reason		
Psychiatric			Anesthetic Complications		
Neurologic/Epilepsy			History of Abnormal PAP		
Depression/Post Partum Depression			Uterine Anomaly/des		
Hepatitis/Liver Disease			Infertility		
Thyroid Dysfunction			ART Treatment		
Trauma/Violence			Relevant Family History		

	Amt/Day Prepeg	#Years Use	Significant Medical History (include any medications, food allergies, PREGNANCY RISKS, STDs, etc.)
Tobacco			
Alcohol			
Illicit/Recreational Drugs			

Physical Exam

	Normal	Abnormal				
HEENT	□	□	Vulva	□ Normal	□ Condyloma	□ Lesions
Fundi	□	□	Vagina	□ Normal	□ Inflammation	□ Discharge
Teeth	□	□	Cervix	□ Normal	□ Inflammation	□ Lesions
Thyroid	□	□	Spines	□ Average	□ Prominent	□ Blunt
Breasts	□	□	Sacrum	□ Concave	□ Straight	□ Anterior
Lungs	□	□	Uterus Size	_____ Weeks	□ Fibroids	
Heart	□	□	Gynecoid Pelvic Type	□ Yes	□ No	
Abdomen	□	□	Subpubic Arch	□ Normal	□ Wide	
Extremities	□	□	Adnexa	□ Normal	□ Mass	
Skin	□	□	Diagonal Conjugate	□ Reached	□ No	
Lymph Nodes	□	□	Rectum	□ Normal	□ Abnormal	

Comments (Number and explains abnormal) _____

Facility/Provider: _____

Dr. Phone Number: _____

Dr. Signature: _____ **Date**: _____

IMMUNIZATION DATES

Please attach *printed* up-to-date immunization record

For HIB Please Circle: HbOC/PRP-T or PRP-OMP/Merck