



# *Mother, Baby and Me*

## EXPECTANT MOTHER INFORMATION SHEET

<b>Name of Mother:</b>		
<b>Birthdate:</b>		<b>Age:</b>
<b>Blood Type &amp; RH Factor:</b>		

<b>Name of Father:</b>		
<b>Birthdate:</b>		<b>Age:</b>
<b>Blood Type &amp; RH Factor:</b>		

<b>Last Menstrual Period (LMP):</b>	
<b>Expected Date of Delivery (EDD):</b>	
<b>Age of Gestation:</b>	
<b>Gravida (# of pregnancy):</b>	
<b>Parity (# of pregnancy beyond 20 weeks):</b>	
<b># of Term deliveries</b>	
<b># of Preterm deliveries</b>	
<b># of ectopic pregnancies and or miscarriage</b>	

<b>Attending Obstetrician/ Contact No.:</b>	
<b>Attending Pediatrician/ Contact No.:</b>	

<b>MENSTRUAL CYCLE</b>	
<b>Age you had your first menstruation?</b>	
<b>Are you regular or irregular?</b>	
<b>How many days do you menstruate?</b>	
<b>On a heavy day, how many sanitary pads?</b>	

<b>MEDICAL HISTORY</b>	
<b>Allergies:</b>	
<b>Previous Surgeries and Illnesses:</b>	

<b>FAMILY MEDICAL HISTORY</b>	
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<b>Do you smoke or drink alcohol?</b>	
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<b>Any complications during this pregnancy?</b>	
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What supplementary vitamins and Medications have you taken?	
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PRENATAL TESTS DONE:	DATE PERFORMED	RESULTS
CBC		
Urinalysis		
HBsAg		
Anti-HBs		
FBS/ 75 gm OGTT		
VDRL or RPR		
HIV 1/2		
Group B Strep determination (vaginal/anal swab)		
Transvaginal ultrasound		
First trimester screening		
Congenital Anomaly Scan		
Biophysical Profile Scoring		
Non-stress Test		
Doppler ultrasound		
COVID 19 swab test		
Others:		

OTHER INFO:	
Height:	
Weight before pregnancy:	
Current weight:	
Home Address:	
Contact number:	
Name of Baby:	