

<p align="center">PRENATAL DATA BASE</p> <p align="center"><i>This form is subject to the Privacy Act of 1974. Note that the Privacy Act statement on the reverse of your Medical Folder applies</i></p>	<p>A. PATIENT'S ID STAMP</p> <p>DATE (YYYYMMDD) OF BIRTH: _____</p>
<p>B. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY</p>	

C. PROBLEM LIST (Continued on reverse)		
DATE (YYYYMMDD)	PROBLEM	TREATMENT PLAN

D. ALLERGIES	E. HEIGHT	F. PRE-PREGNANCY WEIGHT
G. TOBACCO	H. ALCOHOL	I. Hx of HSV PATIENT _____ SPOUSE _____

J. LABORATORY STUDIES							
INITIAL LABS	DATE (YYYYMMDD)	RESULT	REVIEWED		DATE (YYYYMMDD)	RESULT	REVIEWED
1. Blood type and Rh				9. Urinalysis			
2. Antibody screen				10. Urine culture			
3. Hgb/Hct				11. HIV			
4. Rubella				12. HBsAG			
5. RPR				13. IPPD			
6. Pap smear				14. MSAFP (MOM)			
7. GC				15. Sickle screen			
8. Chlamydia				16.			
26-28 WEEK LABS							
17. Hgb/Hct				20. Diabetes screen			
18. Antibody screen				21. 3 hour GTT			
19. Rhogam given		Given by: _____		22.			
36 WEEK LABS							
23. Hgb/Hct				25. RPR			
24. Preadmit				26.			
ADDITIONAL LABS							
27. Genetics Eval.				29.			
28.				30.			

K. ULTRASOUND EXAMINATIONS (Continued on reverse)				
DATE COMPLETED (YYYYMMDD)	DATE ORDERED (YYYYMMDD)	SIGNIFICANT FINDINGS	EGA (YYYYMMDD)	EDC (YYYYMMDD)

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