

British Columbia Antenatal Record Part 1

1. Hospital		Attending physician/midwife		Referring physician/midwife	
Mother's name			Date of birth	Age at EDD	Surname Given name
Mother's maiden name		Ethnic origin	Language preferred		
Occupation			Work hrs./day	No. of school yrs completed	
Partner's name		Age	Ethnic origin of newborn's father	Partner's work	
			Phone number		Personal health number

2. Allergies <input type="checkbox"/> None known		Medications/herbals		Beliefs & practices	
<input type="checkbox"/> Yes (reaction)					

3. Obstetrical History						Children			
Date	Place of birth/ abortion	G	Term	P	A	Perinatal complications	Sex	Birth weight	Present health

4. LMP	Menses cycle	Contraceptives	When stopped	EDD by dates	Confirmed EDD	<input type="checkbox"/> US performed ___ Gest wks. ___ days
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5. Present Pregnancy
no *yes (specify)*

IVF pregnancy _____

Bleeding _____

Nausea _____

Infections or fever _____

Other _____

6. Family History
no *yes (specify)*

Heart disease _____

Hypertension _____

Diabetes _____

Depression / psychiatric _____

Alcohol / drug use _____

Thromboembolic / coag. _____

Inherited disease / defect _____

Ethnic (e.g. Tay Sachs, Sickle) _____

Other _____

7. Medical History
no *yes (specify)*

Surgery _____

Anesthesia _____

Uterine/Cx procedure _____

RESP. or CV _____

STIs / infections _____

Susceptible to chicken pox _____

Thromboembolic / coag. _____

Hypertension _____

GI _____

Urinary _____

Endocrine/diabetes _____

Neurologic _____

Hx of mental illness _____

Anxiety Depression Bipolar

PP depression Unknown Other

Other _____

8. Lifestyle & Social

Discussed	Concerns	Referred
<input type="checkbox"/> Diet _____		<input type="checkbox"/>
<input type="checkbox"/> Folic acid _____		<input type="checkbox"/>
<input type="checkbox"/> Physical activity/ rest / stop work date _____		<input type="checkbox"/>
<input type="checkbox"/> OTC drugs / vitamins _____		<input type="checkbox"/>
<input type="checkbox"/> Alcohol <input type="checkbox"/> never <input type="checkbox"/> quit _____		
Drinks/wk: before pregnancy _____ current _____		
Binge drinking <input type="checkbox"/> no <input type="checkbox"/> yes		
<input type="checkbox"/> TWEAK score _____ (see reverse)		
<input type="checkbox"/> Substance use <input type="checkbox"/> no <input type="checkbox"/> yes		
<input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana		
<input type="checkbox"/> Methadone <input type="checkbox"/> Solvents <input type="checkbox"/> Other		
<input type="checkbox"/> Prescription <input type="checkbox"/> Unknown		
<input type="checkbox"/> Smoking <input type="checkbox"/> never <input type="checkbox"/> quit _____		
Cig/day: before pregnancy _____ current _____		
<input type="checkbox"/> Exposure 2nd hand smoke <input type="checkbox"/> no <input type="checkbox"/> yes _____		
<input type="checkbox"/> Financial & housing _____		<input type="checkbox"/>
<input type="checkbox"/> Support system _____		<input type="checkbox"/>
<input type="checkbox"/> IPV _____		<input type="checkbox"/>

9. Physical Examination

	BP	Height	Pre-pregnant weight	Pre-pregnant BMI
Head & neck				
Breasts & nipples				
Heart & lungs				
Abdomen				

Musculoskeletal

Varicies & skin

Pelvic exam

Swabs/cervix cytology

10. First Trimester Topics Discussed:

MSS offered Genetic counseling offered HIV & other tests Yes No Maybe

Baby's Best Chance Prenatal education Maternity pathway

Seat belt use Sexual relations

11. Summary

SIGNATURE: _____

_____ MD (MW)

Sampson, Lisa

Birth Plan

11140 - 60 Ave Surrey, BC, V3S 1S9
DOB: 1973/03/26 PHN: 9878 934 019
EDD: 2009/11/12 604-115-7119

Plan

Expected Place of Birth SMH
Backup Hospital for Birth SMH
Expected People at Birth
Birth Preferences
Problem List
Primary Midwife Yonas Jongkind

Post Partum Procedures

NB Screen
Circumcision
Eye prophylaxis
Vit K

Client Summary

Sampson, Lisa

11140 - 60 Ave Surrey, BC, V3S 1S9

DOB: 1973/03/26

PHN: 9878 934 019

EDD: 2009/11/12

604-115-7119

Info

Address

Maiden Name Inada
Date of Birth 26/03/1973
Father's Name Milhouse Sampson
Kid(s) Name(s)

11140 - 60 Ave
Surrey
BC

Medical

Contact Information

Blood Type B NEG
PHN 9878 934 019
GBS NEG

Email
Home # 604-115-7119
Mobile #
Office #
Other #