

# Pregnancy Information Record (Confidential)

*Take this form to all doctor's visits for completion by doctor and bring in for any hospital admission.*

Surname..... Given Names.....

Date of Birth .../.../... Age..... Partners name.....

Doctor's Name.....

Grav. .... Para. .... EDD ..... Adjusted EDC.....

**Relevant Obstetric History**

Year	Pregnancy and birth details	Infant Weight	Sex

**Relevant Medical/Surgical History**

	<b>Allergies</b>
	<b>Medications</b>
	<b>Cigarettes</b>
	<b>Alcohol</b>

**Anti D Administration**

.....IU IMI     ... wks    Doctor's signature.....Date given    .../.../...Signed.....  
 625IU IMI     28 wks    Doctor's signature.....Date given    .../.../...Signed.....  
 625 IU IMI     34 wks    Doctor's signature.....Date given    .../.../...Signed.....

**PRN Medication Order**

1. Antibiotics

Medication Order  
 .....

Guidelines for Administration  
 .....

Doctor's Signature ..... Date ...../...../.....

2. Analgesia

Medication Order  
 .....

Guidelines for Administration  
 .....

Doctor's Signature ..... Date ...../...../.....



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