

Patient Name/I.D. Number _____

Physician Name _____

Laboratory Findings

Initial Labs	Date	Result		Reviewed	Comments / Additional Lab
Blood Type/Rh	/ /	A B AB O	+ / -		
Antibody Screen	/ /	+ / -			
Hct/Hgb/Platelets	/ /	_____ % _____ gm/dl _____			
Rubella	/ /	Non-Immune	Immune		
RPR	/ /	Non-Reactive	Reactive		
HB S AG	/ /	-	+		
Pap Smear	/ /	-	+		
GC/Chlamydia	/ /	-	+		
Urine Culture/Urinalysis	/ /	-	+		
Sickle Prep./Hb Elct.	/ /	AA AS SS AC SC AF			
14 - 18 Weeks					
MSAFP	/ /	WNL	Low	Elev.	AFP Refused ___/___/___ Pt. Initial _____
24 - 28 Week Labs					
HCT/HGB	/ /	_____ % _____ gm/dl			
Diabetes Screen	/ /	1Hr. _____			
GTT (If Screen Abnormal)	/ /	___FBS ___ 1Hr. ___ 2Hr. ___ 3 Hr.			
Rh Neg. Antibody Screen	/ /	- +			
RhG Given (28 Weeks) (if indicated)	/ /	Signature _____			
34 - 36 Week Labs					
RPR	/ /	Non-Reactive	Reactive		
GC/Chlamydia/Beta Strep	/ /	-	+		
HCT/HGB	/ /	-	+		
Ultrasound					
	/ /				
	/ /				
	/ /				
Other Labs					
HIV	/ /	Non-Reactive	Reactive		
Amnio/CVS	/ /	-	+		
HGB Electrophoresis	/ /				

Plans / Patient Education

Childbirth Classes _____	Date _____/_____/_____	Tubal Sterilization _____	_____/_____/_____
Physical Activity _____	_____/_____/_____	Circumcision _____	_____/_____/_____
Premature Labor Signs _____	_____/_____/_____	Postpartum Birth Control _____	_____/_____/_____
Nutrition Counseling _____	_____/_____/_____	Car Seat _____	_____/_____/_____
Environmental / Work Hazards _____	_____/_____/_____	Requests _____	_____
Breast or Bottle Feeding _____	_____/_____/_____	Other _____	_____
Travel _____	_____/_____/_____	Tubal Sterilization _____	Date _____/_____/_____
VBAC Counseling _____	_____/_____/_____	Consent Signed _____	Initials _____
Method of Anesthesia _____	_____/_____/_____		