

NAME: _____

FOLDER NO: _____

DATE OF BIRTH: _____

Age: _____ (yrs) G _____ P _____ Misc _____

OBSTETRIC & NEONATAL HISTORY

A = Alive
ID = Infant Death
NND = Neonatal Death
IUD = Intra-uterine Death

Year	Gestation	Delivery	Weight	Sex	Complications
Descriptions of complications:					

MEDICAL & GENERAL HISTORY

Hypertension

Epilepsy

Diabetes

Cardiac

TB

HIV

Psych

Other (specify) _____

If yes to any of the above give further details, e.g. duration: _____

Medication: _____

Operations: _____

Allergies: _____

TB symptom screen: _____

Psycho-social risk factors:

Yes

No

Tobacco

Alcohol

Substances

Referral: _____

Single / Married / Stable relationship

Family History

Twins

Diabetes

TB

Congenital

Other

Details: _____

CLINIC _____ Date

d

d

m

m

y

y

EXAMINATION

BP _____ / _____ Urine: _____

Height _____ cm Weight _____ kg

MUAC: _____ BMI: _____

Thyroid: _____ Breasts: _____

Heart: _____

Lungs: _____

Abdomen: _____ SF measurement: _____ cm

VAGINAL EXAMINATION

Done

Not done

Vulva & Vagina: _____

Cervix: _____

Uterus: _____

Pap Smear done?

Y

N

 Date: _____

Result: _____

INVESTIGATIONS

Rapid syphilis test:

Pos

Neg

 Repeat syphilis test:

Pos

Neg

Rx received: 1st _____ 2nd _____ 3rd _____

Rhesus: _____ Antibodies:

Y

N

Hb _____ g/dl Tetanus toxoid: 1st _____ 2nd _____ 3rd _____

HIV test:

Date: _____

Reactive

Non-reactive

Declined

HIV retest at 20 weeks:

Reactive

Non-reactive

Declined

HIV retest at 32 weeks:

Reactive

Non-reactive

Declined

CD 4: _____ ART initiated on (date): _____

Co-trimoxazole _____ IPT _____

Viral load _____ Date _____

Viral load _____ Date _____

Urine MCS _____

Other _____

ANTENATAL RECORD

LEVEL OF CARE

Antenatal clinic: _____ Delivery site: _____

Transport when in labour: _____

GESTATIONAL AGE

LNMP

d

d

m

m

y

y

 Certain?

Y

N

Ultrasound

BPD _____ HC _____

FL _____

AC _____

Placenta _____

Average gestation _____

Estimated date of delivery

d

d

m

m

y

y

 According to

Dates

U/S

SF height

COUNSELLING

	Date 1	Date 2
Labour companion		
Infant feeding		
Parental preparedness		
Nutrition		
HIV		
Mental health		
Alcohol/ substances/ tobacco		
Domestic violence		

FUTURE CONTRACEPTION (provide dual protection)

Injectable

Oral

Intra-uterine device

Tubal ligation

Implant

Booking visit and assessment of risk done by:

Name & Title