El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

2500 Grant Road, Mountain View, CA 94040-4378

Patient Name

Medical Rec. # LABEL

Physician

Prenatal Record

Name _____ (Last / First / M.I)

Address _____

City _____ Zip _____

Physician/Group _____

Phone (H) ____/____ (W) ____/____

Age ____ DOB ____/____/____ Marital Status: S M D W Sep Spouse/Partner _____

Insurance _____

Occupation _____ Emergency Contact/Phone _____

Primary Care Physician (PCP) _____

MENSTRUAL HISTORY

LMP _____ ☐ Definite ☐ Approximate ☐ Normal ☐ Unknown On OCP @ Conception? Y N

LMP based EDD = ____/____/____ Menses Monthly? Y N Cycle Length _____ Days

Gravida	Term	Premature	Abortion	Living

PRIOR PREGNANCIES

Month/ Year	Weeks	Type Delivery	Labor Hours	Sex M/F	Birth Weight	Anesth. Type	Place / Physician	PTL Y/N	Comments / Complications

PAST MEDICAL HISTORY

	O Neg + Pos		O Neg + Pos	Detail Positive Remarks (Include Item #, Date & Treatment)
1. Abnormal PAP		19. Varicosities/Phlebitis		
2. Autoimmune Disorder		20. Anesthetic Complications		
3. Breast Disease		21. Allergies		
4. DM		22. Medications		
5. GI Disease		23. Surgery/Hospitalizations		
6. GYN Disease		24. Transfusions		
7. Heart Disease				
8. Hepatitis/Liver Disease		**Psychosocial/Family History**		
9. Herpes/STD		A. Tobacco Use		
10. HTN		B. Alcohol Use		
11. Infertility		C. Drug Use		
12. Kidney Disease/UTI		D. Pets - Cats/Toxo Advisory ☐		
13. Neurologic/Epilepsy		E. Diabetes Mellitus		
14. Pulmonary (TB/Asthma)		F. Ethnicity Based Screening		
15. Psychiatric		☐ Tay Sachs ☐ CF ☐ Sickle Cell		
16. Thyroid Dysfunction		G. Birth Defects		
17. Trauma/Dom. Violence		H. Other Pertinent		
18. Uterine Abnormalities				

INITIAL PHYSICAL EXAM

Date	Usual Wt.		Ht.	Wt.		BP	Comments (Include Item # and Abnormality)
1. HEENT	☐ NL	☐ Abnl	7. Nodes	☐ NL	☐ Abnl		
2. Heart	☐ NL	☐ Abnl	8. Vulva	☐ NL	☐ Abnl		
3. Lungs	☐ NL	☐ Abnl	9. Vagina	☐ NL	☐ Abnl		
4. Breasts	☐ NL	☐ Abnl	10. Cervix	☐ NL	☐ Abnl		
5. Abdomen	☐ NL	☐ Abnl	11. Uterus	☐ NL	☐ Abnl		
6. Extremities	☐ NL	☐ Abnl	12. Adnexae	☐ NL	☐ Abnl		

_____ Date _____ Signature, M.D.