Dr Gino Pecoraro

Antenatal Care

Hospital:
LNMP:
Due Date by USS:

Partner: Name:
Age:
Occupation:

Past OB/MC:

Allergies:
MD:
SU:
Smoke:
OH:
Medication:
Family:

Examination:
Teeth:
Resp:
CVS:
Breasts:
Thyroid:
Smear:

TFT's

Varicella	
Folic Acid	
Dentist	
Smear	
Blood Group	
HB MCV	
Platelets	
Rubella	
Hep B	
Hep C	
Syphillis	
HIV	
Toxo	
CMV	
MSU	
Iron Studies	
Info. Package	

11-13 weeks Nuchal

28 weeks - GTT
FBC
AB Screen

36 weeks - FBC
AB Screen

37 weeks - GBS Screen

DATE	URINE	B.P.	GEST CALC	GEST SIZE	POSITION	FH	LIQ	INVEST/ RESULTS	A/C PAID
									DEPOSIT 28 WEEKS

DELIVERY:
Date:
Weight:
Sex:
Method:
Paediatrician:
Anaesthetist:

POST PARTUM:
I/C:
Smear:
Wound/Per:
Contraception:
Breast:
Vagifem

Letter to GP: