

Patient Information

Name

Date of Birth

Age

Medical Record Number

Address

Contact Number

Admission Date

Admission Time

Obstetric History

Gravida

Para

Abortions

Living

Last Menstrual Period (LMP)

Estimated Due Date (EDD)

Gestational Age (weeks)

History of Previous Pregnancies

Current Pregnancy

Presenting Complaints

Medications & Supplements

Allergies

Pregnancy Complications (if any)

Physical Assessment

Height (cm)

Weight (kg)

Blood Pressure (mmHg)

Temperature (°C)

Pulse (bpm)

Respirations (per min)

General Examination

Fetal Assessment

Fetal Heart Rate (FHR)

Fetal Lie

Presentation/Position

Fetal Movements

Other Relevant Information

Medical History

Surgical History

Family History

Social History

Nutritional Status

Assessment Summary / Nursing Notes