

Labs (* = As indicated)				
Date	Test	Results		Provider
<i>Initial</i>				
	Blood Type			
	Rh Type	Pos	Neg	
	Ab Screen	Neg	Pos	
	HIV	Neg	Pos	
	HepBsAg	Neg	Pos	
	RPR	Non-React	Reactive	
	Rubella	Immune	Non-Imm	
	Varicella	Imm hx lab	Non-Imm	
	Pap*	Wnl	Abn	
	Urine Cx	Neg	Pos	
	GC	Neg	Pos	
	CT	Neg	Pos	
	HCT			
	PLT			
	GTT (early)*			
28 Weeks				
	GTT			
	3 hr GTT*			
	HCT			
	PLT			
36 Weeks				
	GBS	Neg	Pos	
<i>Other*</i>				

Ultrasound					
Date	US EGA	Est EGA	EFW	%tile	Placenta
Comments					
Comments					
Comments					
Comments					
Comments					
Comments					

Optional Screening/Diagnostic Testing				
Aneuploidy/Anomaly Screening				
Age based Risk:	DSR	All aneuploidy		
Counseling	Comment			
Selected Strategy	Declined - 2 T US - Quad - 1T - Other			
Screening Result	N/A			
Diagnostic Test	Declined - Amnio - CVS - PUBS			
Diagnostic Result	N/A			
Cystic Fibrosis	Patient:	Declined - Neg - Pos		
	Partner:	N/A - Neg - Pos		
Other Genetic Screening	N/A			
Psychosocial				
Depression Screen	Intake	28w		
SAFE Home Screen	Intake	24w	32w	
Vaccinations/Immunizations				
Flu	Last Tetanus	RhoGam		
Plans				
L&D Requests				
Feeding- Breast Bottle				
Circumcision- N/A Yes No Undecided				
PP Birth Control				

Education			Education		
Date	Init	Topic	Date	Init	Topic
		Nutrition			Childbirth
		Exercise			Pre-Admission
		Tob/ETOH/Drugs			Trial of Labor
		Travel			Sterilization
		Toxoplasmosis			Car Seat
		Warning Signs			
		Seat Belts			
		Sexual Activity			
		Fetal Movement			
		Labor Signs			
		PreE Signs			
Pregnancy Outcome					
Date Pregnancy End			Complications/Comments		
EGA Pregnancy End					
Delivery					
Post Partum					
FU NEEDS: Colpo TDAP 2 hr GTT Consults-					
Comments-					