

Important Contact Information

Notes



DoD/VA Pregnancy Passport



Name _____

Name			ID			Age			Provider(s)							
Gravida		Parity / / / /				LMP			EDD			Final EDD		EDD by: Known conception 1T US LMP 2T US		
Problems/Plans																
Allergies						Meds										
Visit Record		Pre-pregnancy weight					First Visit BMI					Recommended weight gain				
Date																
EGA																
BP																
FH																
FHT																
Weight																

Labs (* = As indicated)					Ultrasound					
Date	Test	Results		Provider	Date	US EGA	Est EGA	EFW	%tile	Placenta
<i>Initial</i>										
	Blood Type									
	Rh Type	Pos	Neg		Comments					
	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				Comments					
	PLT									
	GII (early)*									
28 Weeks										
	GTT				Comments					
	3 hr GTT*									
	HCT									
	PLT									
36 Weeks										
	GBS	Neg	Pos							
<i>Other*</i>										

Optional Screening/Diagnostic Testing				Education			Education		
Aneuploidy/Anomaly Screening				Date	Init	Topic	Date	Init	Topic
Age based Risk:	DSR	All aneuploidy				Nutrition			Childbirth
Counseling		Comment				Exercise			Pre-Admission
						TuL/ETOH/Drugs			Trial of Labor
Selected Strategy	Declined - 2 T US - Quad - 1T - Other					Travel			Sterilization
Screening Result	N/A					Toxoplasmosis			Car Seat
Diagnostic Test	Declined - Amnio - CVS - PUBS					Warning Signs			
Diagnostic Result	N/A					Seat Belts			
Cystic Fibrosis	Patient: Declined - Neg - Pos					Sexual Activity			
	Partner: N/A - Neg - Pos					Fetal Movement			
Other Genetic Screening	N/A					Labor Signs			
						Preeclampsia S/Sx			
Psychosocial				Pregnancy Outcome					
Depression Screen	Intake	28w		Date Pregnancy End			Complications/Comments		
SAFE Home Screen	Intake	24w	32w	EGA Pregnancy End					
Vaccinations/Immunizations				Delivery					
Flu	Last Tetanus	RhoGam		Post Partum					
Plans				FU NEEDS: Colpo TDAP MMR 2 hr GTT Consults-					
L&D Requests				Comments-					
Feeding- Breast Formula									
Circumcision- N/A Yes No Undecided									
PP Birth Control									