

# ACOG ANTEPARTUM RECORD (FORM A)

PATIENT ADDRESSOGRAPH

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ID# \_\_\_\_\_ HOSPITAL OF DELIVERY \_\_\_\_\_

NEWBORN'S PHYSICIAN \_\_\_\_\_ REFERRED BY \_\_\_\_\_

PRIMARY PROVIDER/GROUP \_\_\_\_\_

FINAL EDD _____		ADDRESS _____					
BIRTHDATE <small>MONTH DAY YEAR</small>	AGE	RACE	MARITAL STATUS <small>S M W D SEP (CIRCLE ONE)</small>	ADDRESS			
OCCUPATION		EDUCATION <small>(Last Grade Completed)</small>	ZIP	PHONE <small>(H) (O)</small>			
LANGUAGE		ETHNICITY		INSURANCE CARRIER/MEDICAID #			
HUSBAND/DOMESTIC PARTNER			PHONE	POLICY #			
FATHER OF BABY			PHONE	EMERGENCY CONTACT		PHONE	
TOTAL PREG	FULL TERM	PREMATURE	AB, INDUCED	AB, SPONTANEOUS	ECTOPICS	MULTIPLE BIRTHS	LIVING

### MENSTRUAL HISTORY

LMP  DEFINITE  APPROXIMATE (MONTH KNOWN) MENSES MONTHLY  YES  NO FREQUENCY \_\_\_\_\_ DAYS MENARCHE \_\_\_\_\_ AGE ONSET  
 UNKNOWN  NORMAL AMOUNT/DURATION PRIOR MENSES \_\_\_\_\_ DATE ON BCP AT CONCEPT  YES  NO NCG+ \_\_\_\_/\_\_\_\_/\_\_\_\_  
 FINAL \_\_\_\_\_

### PAST PREGNANCIES (LAST SIX)

DATE MONTH/ YEAR	GA WEEKS	LENGTH OF LABOR	BIRTH WEIGHT	SEX M / F	TYPE DELIVERY	ANES.	PLACE OF DELIVERY	PRETERM LABOR YES / NO	COMMENTS / COMPLICATIONS

### MEDICAL HISTORY

	O Neg. + Pos.	DETAIL POSITIVE REMARKS INCLUDE DATE AND TREATMENT		O Neg. + Pos.	DETAIL POSITIVE REMARKS INCLUDE DATE AND TREATMENT
1. DIABETES			17. D (Rh) SENSITIZED		
2. HYPERTENSION			18. PULMONARY (TB, ASTHMA)		
3. HEART DISEASE			19. SEASONAL ALLERGIES		
4. AUTOIMMUNE DISORDER			20. DRUG /LATEX ALLERGIES / REACTIONS		
5. KIDNEY DISORDER			21. BREAST		
6. NEUROLOGIC/EPILEPSY			22. GYN SURGERY		
7. PSYCHIATRIC			23. OPERATIONS / HOSPITALIZATIONS (YEAR / REASON)		
8. DEPRESSION / POST-PARTUM DEPRESSION			24. ANESTHETIC COMPLICATIONS		
9. HEPATITIS / LIVER DISEASE			25. HISTORY OF ABNORMAL PAP		
10. VARICOSITIES / PHLEBITIS			26. UTERINE ANOMOLY / DES		
11. THYROID DYSFUNCTION			27. INFERTILITY		
12. TRAUMA / VIOLENCE			28. ART TREATMENT		
13. HISTORY OF BLOOD TRANSFUSIONS			29. RELEVANT FAMILY HISTORY		
14. TOBACCO		30. OTHER			
15. ALCOHOL					
16. ILLICIT / RECREATIONAL DRUGS					

COMMENTS \_\_\_\_\_