Appendix II

(May substitute updated prenatal record)

OB/Medical History:

Maternal Age _____ G _____ P _____ Ab _____ LC _____ EDC _____

Lab Data: Blood type _____ Cervix Culture _____ 1 hr. GTT _____

Ab titre _____ VDRL _____ HBsAg _____

Rubella _____ Quad Screen or AFP _____ Amnio _____

Ultrasound report (if done): _____

Antepartum complications: _____

Risk factors (current pregnancy): _____

Infectious Exposures	Yes	No	Genetic/Teratogenic	Yes	No	Pregnancy Complications	Yes	No
Rubella/Chicken Pox	❑	❑	Consanguinity	❑	❑	SROM	❑	❑
Parvovirus	❑	❑	Advanced Maternal Age	❑	❑	PTL	❑	❑
Toxoplasmosis	❑	❑	Known Genetic Discorder	❑	❑	PIH	❑	❑
Listeria	❑	❑	Teratogen Exposure	❑	❑	IUGR	❑	❑
STD's	❑	❑	If yes, describe: _____			Trauma _____		
			_____			Bleeding _____		

Family history of stillbirths or anomalies: _____

Medical History: ❑ Diabetes ❑ Hypertension ❑ Autoimmune ❑ Other _____

Habits: Smoking _____ ppd ETOH _____ drinks per day Illicit drugs _____

Medications (list): _____

OB History:

Date	Gest. Age	NSVD/CS	Wt.	Sex	Complications