

**OBSTETRICAL FILE  
MEDICAL OBSERVATIONS**



DT9036

|                         |      |       |     |               |           |               |  |
|-------------------------|------|-------|-----|---------------|-----------|---------------|--|
| Family name at birth    |      |       |     | Given name(s) |           |               |  |
| Date of birth           | Year | Month | Day | AGE           | Area code | Telephone No. |  |
| Health Insurance Number |      |       |     |               |           |               |  |
| Address                 |      |       |     |               |           |               |  |

|                |     |   |
|----------------|-----|---|
| Name of spouse | Age | Medical problems and family antecedents |
|----------------|-----|---|

**FAMILY ANTECEDENTS**

Hypertension, diabetes, cardiopathy, multiple pregnancies, anomalies, genetic disease, thrombophilia, obstetrical complications

**PERSONAL ANTECEDENTS (0 : NEGATIVE, + : ABNORMAL, — : NOT APPLICABLE)**

|                 |                 |                            |  |           |
|-----------------|-----------------|----------------------------|--|-----------|
| Cardiac disease | Diabetes        | Blood transfusions         | STBBIs   | Asthma    |
| Hypertension    | Thyroid disease | Rh/ABO incompatibility     | Hepatitis B (acute <input type="checkbox"/> / carrier <input type="checkbox"/> ) | Allergies |
| TPP or EP       | Epilepsy        | Neuropsychiatric disease   | Genital herpes spouse <input type="checkbox"/>                                   |           |
| Renal disease   | Blood dyscrasia | Previous surgery (specify) | Chicken pox  |           |

Specify

**MENSTRUAL HISTORY**

| Cycle | DLMP |       | EDC |      |       | Positive pregnancy test on |      |       | Embryo transfer date |      |       |     |
|-------|------|-------|-----|------|-------|----------------------------|------|-------|----------------------|------|-------|-----|
| days  | Year | Month | Day | Year | Month | Day                        | Year | Month | Day                  | Year | Month | Day |

**PREVIOUS PREGNANCIES**

| Total number of previous pregnancies |      |       |                       | Term               | Premature          | Abortion           | Living children |           |                 |       |
|--------------------------------------|------|-------|-----------------------|--------------------|--------------------|--------------------|-----------------|-----------|-----------------|-------|
| No.                                  | Date | Place | Duration of pregnancy | Duration of labour | Method of delivery | Type of anesthesia | Sex             | Mass (kg) | Particularities |       |
|                                      | Year | Month | Weeks                 | (hr.)              |                    |                    | ♂ or ♀          |           | Mother          | Child |

Remarks:

**CURRENT PREGNANCY (review of systems)**

|                     |       |                   |                |                  |
|---------------------|-------|-------------------|----------------|------------------|
| Nausea and vomiting | RGO   | Headaches         | Bleeding       | Urinary symptoms |
| Constipation        | Edema | Vaginal discharge | Abdominal pain |                  |

Remarks:

**LIFESTYLE AND ENVIRONMENT**

|                   |             |                     |                       |               |
|-------------------|-------------|---------------------|-----------------------|---------------|
| Radiation, X-rays | Feeding     | Drugs               | Coffee                | Sociocultural |
| Trauma            | Medication  | Alcohol             | Folic acid supplement | Ethnocultural |
| Contact cat       | Vaccination | Cigarettes (number) | Risk of infection     | Occupation    |

Remarks:

Signature \_\_\_\_\_ Date 

|      |       |     |
|------|-------|-----|
| Year | Month | Day |
|------|-------|-----|

INFORMATION SENT Leaflet on Québec's Trisomy 21 Prenatal Screening program

1