

**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
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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 (weeks)	Duration of labour (hr.)	Method of delivery	Type of anesthesia	♂ or ♀	Mass (kg)	Particularities	
	Year	Month	Day								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