SURNAME: _____ NHI: _____

FIRST NAMES: _____

DATE OF BIRTH: ____ / ____ / ____ SEX: _____

Please attach patient label here

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Women's Health

OBSTETRIC HISTORY

Gravida ☐ Parity ☐

Place of Birth	Date	Pregnancy		Labour / Birth		Puerperium	Infant			
		Gestation	Health in pregnancy / complications	Duration	Outcome		Sex	Alive / SB / NND	Birth Weight	Breastfeeding Duration

CLINICAL EXAMINATION	CERVICAL SMEAR HISTORY	VAGINAL / URETHRAL SWABS	26-28 WEEK BLOOD TESTS	36 WEEK BLOOD TESTS
Date:	Last smear:	Date taken:	Date Taken:	Date Taken:
Height:	Result:	Results:	Haemoglobin:	Haemoglobin:
Weight:	Next smear due:		Red cell antibodies:	Red cell antibodies:
BMI:	**CONTRACEPTION:**	**SCREENING**	**GESTATIONAL DIABETES**	
Heart / Lungs:	Before pregnancy:	Date:	Date Polycose:	Result: / Gest:
Legs / Varicose Veins:	Planned Postnatal:	Chose not to answer ☐		
Breasts:		Identified Yes No	Date GTT: / Fasting: / 1hr: / 2hr: / Gest:	
Dental:		Referral NFA SW PVH		
Diet:		Signed:		
		Designation:		