



**COLLEGE OF NURSING
UNIVERSITY OF THE PHILIPPINES
MANILA**



Student's Name: _____

Date: _____

PRENATAL CLINIC (MATERNAL DATA BASE AND NURSING CARE)

I. PATIENT'S DATA

Name: _____ Age: _____ Case No. _____

Civil Status: S M W Address: _____

Education: None _____ Elem. _____ H.S. _____ College _____ Postgraduate: _____

II. CHIEF REASON FOR CONSULTATION (exact words) _____

Referred by: _____

Discomforts: (Note onset, intensity, frequency, duration, method of relief)

Nausea	Leukorrhea
Fatigue	Pruritus
Palpitation	Heartburn
Vomiting	Constipation
Varicosities	Hemorrhoids
Frequency of urination	Backache
Muscle cramps	others

III. PAST PERSONAL/ FAMILY HISTORY (specify nature of condition and date when applicable)

	Personal	Family
Measles		
Mumps		
Other communicable diseases		
Gynecological problems		
Cardiopulmonary		
Gastro-intestinal		
Metabolic		
Hematologic		
allergy		
Surgical operations		

IV. MENTRUAL HISTORY

Date of menarche _____ duration _____ amount _____

Succeeding menses: Average duration _____ amount _____

Dysmenorrhea _____ method of relief _____

V. PREVIOUS PREGNANCIES

Term _____ Premature _____ Abortion _____ Living _____

No.	Date & Place of Delivery	AOG Wks.	Duration of Labor	Manner of delivery	Complication	Birth weight	Sex and Condition of baby

VI. FAMILY PLANNING PRACTICE

None _____ Reason _____

Yes _____ Purpose: _____ Limit Children
_____ Space childrenMethod: _____ pill _____ IUD
_____ natural family planning _____ others
_____ condom**VII. PRESENT PREGNANCY**

LMP _____ PMP _____ EDC _____

AOG wks. _____ Quickening _____

High risk pregnancy score _____ Gravida _____
Para _____

Planned pregnancy: _____ yes _____ no

Father's attitude toward this pregnancy _____

VIII. PHYSICAL EXAMINATION (Note & compare with previous findings, if any)

General condition:

Appearance _____ Nutritional state _____

Emotional state _____

T _____ P _____ R _____ BP _____

Usual weight before pregnancy _____ Present weight: _____

Leopold's Maneuver:

- Fetal presentation _____
- Fetal attitude _____
- Fetal heart rate _____ Location _____

**IX. BASED ON THE ABOVE ASSESSMENT AND INTERVENTION WITH PATIENT, WRITE
DOWN YOUR INTERVENTIONS**

X. Schedule of next visit _____