ALZAHRA HOSPITAL

TABRIZ MEDICAL SCIENCE UNIVERSITY

Surname:
First name:
Address:

Tel No:
Mobile:
Work:

HOSPITAL NO:

Attend:

Date of Birth: **Age:**

Booking Investigations	Result
1:Blood Group/Rh	
2:CBC	
3:Rubella	
4:Toxp	
5:HBSAg	
6:TPHA	
7:HB Electrophoresis	
9:TFT	
10:U/A	
11:Cervical Smear	

12:Other

Changed Address:

Partner Name:
Tel No:
Mobile:
Work:

Next of Kin:
Address:
Tel No:
Mobile:

Referring Practitioner:
Address:

Tel No:

	Date	Result
Booking Hb, FBS		
24-28W Hb. GCT		
Antibodies	**Date**	**Result**
Booking		
28w		
Anti-D	**Date**	**Signature**
28-32w		
Other		

Your health have you ever had any of the follow in

	Yes	No	Details/need for referral
Anesthetic problems	☐	☐	
Asthma or chest problems	☐	☐	
Back problems	☐	☐	
Blood transfusions	☐	☐	
Diabetes	☐	☐	
Epilepsy	☐	☐	
Fertility problems	☐	☐	
Vaginal infections	☐	☐	
Heart problems	☐	☐	
High blood pressure	☐	☐	
Kidney or urinary problems	☐	☐	
Tuberculosis(TB)	☐	☐	
Liver disease or hepatitis	☐	☐	
Mental health problems (including psychiatric illness)	☐	☐	
Operations	☐	☐	
Thrombosis(blood clots)	☐	☐	
Other (give details)	☐	☐	
Have you taken folic acid?	☐	☐	
If,yes,when did you start?	/ /		
When was your last cervical smear test?	/ /		
What was the result?	☐	☐	
Have you taken any medication in the last six months?	☐	☐	
Are you allergic to anything	☐	☐	

شماره پرونده:

سوابق بیماریها

Family Health? Does Anyone in The Family Have Any of The Following?

	Yes	No	Details
Diabetes			
Thromboembolism			
Thalassaemia			
Learning Disabilities			
Congenital Abnormalities			
Twins			
Preeclampsia			
Other serious medical problems?			
Is This Consanguine Marriage?			

Social History

		Yes	No
Smoking	**Wife**		
	Husband		
Alcohol	**Wife**		
	Husband		
Drugs	**Wife**		
	Husband		
Domestic Violence	**Before pregnancy**		
	After pregnancy		

شماره پرونده:	**سوابق خانوادگی**

About your previous pregnancies

We would like you to completing this section prior to attending your first appointment if you are happy to do so

Miscarriage /pregnancy loss /Termination of pregnancy

Date	Weeks of pregnancy	Details

Births (start with your first birth)

Type of birth			**Vaginal ☐ forceps☐ ventouse☐ planned caesarean☐ Emergency caesarean☐**		
Problems?	**Yes**	**No**	**Comments**	**Date of birth**	**/ /**
During pregnancy	☐	☐		Weeks of pregnancy	
Labor and birth	☐	☐		Place of birth	
After the birth	☐	☐		Birth weight	
Baby at birth	☐	☐		Child's name	
Baby's health now	☐	☐		Boy☐ Girl☐	Age now☐

شماره پرونده:	سوابق بارداریها

Type of birth	Vaginal ☐ forceps☐ ventouse☐ planned caesarean☐ Emergency caesarean☐		
Problems? Yes No	**Comments**	**Date of birth**	**/ /**
During pregnancy ☐ ☐		Weeks of pregnancy	
Labor and birth ☐ ☐		Place of birth	
After the birth ☐ ☐		Birth weight	
Baby at birth ☐ ☐		Child's name	
Baby's health now ☐ ☐		Boy☐ Girl☐ Age now☐	

Type of birth	Vaginal ☐ forceps☐ ventouse☐ planned caesarean☐ Emergency caesarean☐		
Problems? Yes No	**Comments**	**Date of birth**	**/ /**
During pregnancy ☐ ☐		Weeks of pregnancy	
Labor and birth ☐ ☐		Place of birth	
After the birth ☐ ☐		Birth weight	
Baby at birth ☐ ☐		Child's name	
Baby's health now ☐ ☐		Boy☐ Girl☐ Age now☐	

Type of birth	Vaginal ☐ forceps☐ ventouse☐ planned caesarean☐ Emergency caesarean☐		
Problems? Yes No	**Comments**	**Date of birth**	**/ /**
During pregnancy ☐ ☐		Weeks of pregnancy	
Labor and birth ☐ ☐		Place of birth	
After the birth ☐ ☐		Birth weight	
Baby at birth ☐ ☐		Child's name	
Baby's health now ☐ ☐		Boy☐ Girl☐ Age now☐	

شماره پرونده:

سوابق بارداریها

LMP { Normal Yes /No Certain Yes /No	CYCEL Regular Yes /No Ovulation Induced Yes /No Positive pregnancy Test Date / /	LMP: EDC: ULTRASOUND
Height(cm): Weight(booking): BMI:	Physical Examination	Pelvic Examination: Indication: Findings:

Date	Gestation		Fundal Height	Present'N	FHR	FM	BP	Urine PRO GLUC	BW	NEXT VISIT	Signature
	LMP	U/S									

شماره پرونده:

برگ مراقبت

Date	Gestation		Fundal Height	Present'N	FHR	FM	BP	Urine PRO GLUC	BW	NEXT VISIT	Signature
	LMP	U/S									

برگ مراقبت

شماره پرونده:

Antenatal Clinic Notes

Risk Factors	Policy Decisions

Woman's Wishes For Antenatal Care

(درخواست بیمار درطی مراقبت قبل از تولد)

Date	ملاحظات

شماره پرونده:

ریسک فاکتور

Antenatal Clinic Ultrasound, Screening & Radiologic Results

Date	ملاحظات

شماره پرونده:

سونوگرافی ،غربالگری ورادیولوژی

ANTENATAL CLINIC Other Results

DATE	ملاحظات

شماره پرونده: