

NAME _____
 LAST FIRST MIDDLE

PLANS/EDUCATION

(COUNSELED)—BY TRIMESTER INITIAL AND DATE WHEN DISCUSSED

	COMPLETED	NEED FOR FURTHER DISCUSSION
FIRST TRIMESTER <input type="checkbox"/> HIV AND OTHER ROUTINE PRENATAL TESTS <input type="checkbox"/> RISK FACTORS IDENTIFIED BY PRENATAL HISTORY <input type="checkbox"/> ANTICIPATED COURSE OF PRENATAL CARE <input type="checkbox"/> NUTRITION AND WEIGHT GAIN COUNSELING <input type="checkbox"/> TOXOPLASMOSIS PRECAUTIONS (CATS/RAW MEAT) <input type="checkbox"/> SEXUAL ACTIVITY <input type="checkbox"/> EXERCISE <input type="checkbox"/> ENVIRONMENTAL/WORK HAZARDS <input type="checkbox"/> TRAVEL <input type="checkbox"/> TOBACCO (ASK, ADVISE, ASSESS, ASSIST, AND ARRANGE) <input type="checkbox"/> ALCOHOL <input type="checkbox"/> ILLICIT/RECREATIONAL DRUGS <input type="checkbox"/> USE OF ANY MEDICATIONS (INCLUDING SUPPLEMENTS, VITAMINS, HERBS, OR OTC DRUGS) <input type="checkbox"/> INDICATIONS FOR ULTRASOUND <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> SEAT BELT USE <input type="checkbox"/> CHILDBIRTH CLASSES/HOSPITAL FACILITIES		
SECOND TRIMESTER <input type="checkbox"/> SIGNS AND SYMPTOMS OF PRETERM LABOR <input type="checkbox"/> ABNORMAL LAB VALUES <input type="checkbox"/> INFLUENZA VACCINE <input type="checkbox"/> SELECTING A PEDIATRICIAN <input type="checkbox"/> POSTPARTUM FAMILY PLANNING/TUBAL STERILIZATION		
THIRD TRIMESTER <input type="checkbox"/> ANESTHESIA/ANALGESIA PLANS <input type="checkbox"/> FETAL MOVEMENT MONITORING <input type="checkbox"/> LABOR SIGNS <input type="checkbox"/> VBAC COUNSELING <input type="checkbox"/> SIGNS AND SYMPTOMS OF PREGNANCY-INDUCED HYPERTENSION <input type="checkbox"/> POSTTERM COUNSELING <input type="checkbox"/> CIRCUMCISION <input type="checkbox"/> BREAST OR BOTTLE FEEDING <input type="checkbox"/> POSTPARTUM DEPRESSION <input type="checkbox"/> NEWBORN CAR SEAT <input type="checkbox"/> FAMILY MEDICAL LEAVE OR DISABILITY FORMS		
REQUESTS _____ _____		

TUBAL STERILIZATION CONSENT SIGNED _____ DATE / / INITIALS _____

HISTORY AND PHYSICAL HAS BEEN SENT TO HOSPITAL, IF APPLICABLE. DATE / / INITIALS _____

Plans/Education Notes

Lined writing area for notes.

SAMPLE