MNRS
Maternal/Newborn Record System™

Initial Pregnancy Profile

To order call: **1.800.247.2343** Re-order No. **5701N**

Patient's Name _____

ID. No. _____

History Since LMP

Pregnancy Complications

(✓)

1. Vaginal Bleeding ☐
2. Abdominal or Epigastric Pain ☐
3. Headache/Dizziness ☐
4. Change in Vision ☐
5. Hyperemesis ☐
6. Urinary Complaint ☐
7. Febrile Episode ☐
8. Rash with Viral Illness ☐
9. Physical Trauma or Surgery ☐
10. Other _____ ☐

Exposure To Environmental Teratogens

11. HIV, CMV, HSV, Syphilis ☐
12. Rubella, Varicella ☐
13. PKU ☐
14. Encephalitis ☐
15. Occupational Chemicals ☐
    (Heavy Metal, Organic Solvent, etc.)
16. Radiation ☐
17. Toxoplasmosis ☐
18. Tuberculosis ☐
19. Other _____ ☐

Check and detail all positive findings below. Use reference numbers.

Immunizations

	Yes: Mo/Yr	No	Postpartum		Yes: Mo/Yr	No	Postpartum
Tdap				Hep A			
Influenza				Hep B			
Varicella				Meningococcal			
MMR				Pneumococcal			

Substance Use

20. Alcohol ☐
    type _____
    amt/day _____
21. Tobacco ☐
    type _____
    amt/day _____
22. Non-Prescribed Drugs ☐
    type _____
    amt/day _____
23. Prescribed Drugs ☐
    type _____
    amt/day _____
    type _____
    amt/day _____
    type _____
    amt/day _____
24. Street Drugs ☐
    type _____
    amt/day _____
    type _____
    amt/day _____

Physical Assessment

Height	Weight	Pregravid Weight	B.P.	Pulse

Check and detail abnormal findings below. Use reference numbers.

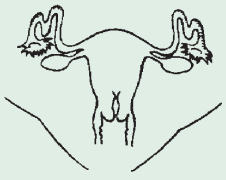
System

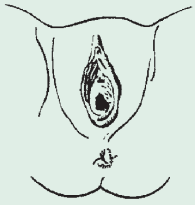
	Normal	Abnormal
25. Skin	☐	☐
26. Neurologic	☐	☐
27. Extremities	☐	☐
28. HEENT/Fundi	☐	☐
29. Mouth/Teeth	☐	☐
30. Neck/Thyroid	☐	☐
31. Breasts/Nipples	☐	☐
32. Cardiovascular	☐	☐
33. Respiratory	☐	☐
34. Abdomen	☐	☐
35. Gastrointestinal	☐	☐
36. Urinary	☐	☐
37. Other _____	☐	☐

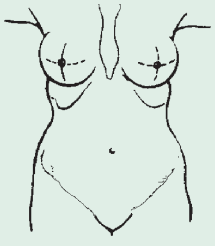
Pelvic Examination

38. Vulva	☐	☐
39. Vagina	☐	☐
40. Cervix	☐	☐
41. Uterus Size_____Wks	☐	☐
42. Adnexa	☐	☐
43. Rectum	☐	☐
44. Fibroids	☐	☐

45. Pelvic Type
    ☐ Gynecoid ☐ Anthropoid
    ☐ Android ☐ Platypelloid
46. Measurements
    ☐ Adequate ☐ Inadequate
    ☐ Borderline
47. Diagonal Conjugate Reached
    ☐ Yes ☐ No
    _____cms
48. Ischial Spines
    ☐ Average ☐ Prominent
    ☐ Blunt
49. Intertuberous Diameter____cms
50. Sacrum
    ☐ Concave ☐ Anterior
    ☐ Straight
51. Coccyx
    ☐ Moveable ☐ Malpositioned
    ☐ Fixed
52. Pubic Arch
    ☐ Normal ☐ Narrow
    ☐ Wide







_____
Examined by

Date____/____/____