DR KEN TAN - ANTENATAL CARD

PATIENT STICKER

Partner

Name: _____

Contact: _____

EDC:

Health:		**Medications:**	**Allergies:**
Hypertension:	Y / N		
Diabetes:	Y / N		
Thyroid:	Y / N		
Asthma:	Y / N		
Anxiety/Depression:	Y / N		
Epilepsy:	Y / N		
Smoking:	Y / N		
Alcohol:	Y / N		
Recrational drugs:	Y / N		

General Health: _____

Surgical History: _____

Family History: _____

Was conception: Spontaneous ☐ Ovulation Drugs ☐ IVF ☐

Past Pregnancy Details: **G:** **P:**

G = how many pregnancies have you had in TOTAL
P = how many live children do you have

Date of Birth	Gestation @ birth (weeks)	Delivery details (CSEC, NVD, forceps etc.)	Gender	Name	Birth Weight	Comments