

DR ROBERTO OREFICE - ANTENATAL CARD

Partner details

PATIENT STICKER

Name: _____

Contact No: _____

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		
Recreational drugs: Y / N		

General Health: _____

Surgical History: _____

Family History: _____

Was conception: Spontaneous Ovulation Drugs IVF

Past Pregnancy Details:

OFFICE ONLY						
Date of Birth	Weeks	Delivery details (CSEC, NVD, forceps etc.)	Sex	Name	Birth Weight	Comments