| Date | Wt | BP | Ur Prot |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Sinai-Grace Hospital**
Detroit Medical Center/Wayne State University

## Maternal/Child Health Services

Take this card with you to all your doctor appointments and when you go to the hospital

**Important Phone Numbers:**

Physician _____

Antenatal Diagnostic Unit
**(313) 966-1880**

Labor & Delivery/Triage
**(313) 966-6200**

Childbirth Education Classes
**(888) DMC-2500**

Name _____ G _____ P _____ DOB ___/___/___ Date_____

LMP _____ EDC _____

EDC based on LMP _____ US _____ Other _____

Corrected EDC _____ Based on: US _____ Other _____

Blood Type _____ Rh _____ IDC _____ Hb/Hct _____

HbsAg _____ Rubella _____ HIV _____ RPR _____

Pap _____ GC _____ Chl _____ U/A _____

Sickle Cell _____ Hb Electro _____ Other _____

1° GCT _____ 3°GTT _____

GBS _____ Date _____ Rhogam _____ Date _____

## Ultrasound

| | | | | |
|---|---|---|---|---|
| Date | | | | |
| GA(LMP) | | | | |
| GA (US) | | | | |
| EFW | | | | |
| Placenta | | | | |
| Fluid | | | | |
| Other | | | | |

Meds _____

Allergies _____

## Comments