

Name _____ G ____ P ____ DOB __/__/__ Date _____

LMP _____

EDC _____

EDC based on LMP _____

US _____ Other _____

Corrected EOC _____

Based on US _____

Other _____

Blood Type _____ Rh _____ IDC _____

Hb/Hct _____

Pap _____ Chl _____ U/A _____

Sickle Cell _____ Hb Electro _____

Other _____

1st GCT _____ 3rd GCT _____

GBS _____ Date _____

Rhogam _____ Date _____

Ultrasound

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

Meds _____

Allergies _____

Comments: