



**PRENATAL CARE
 PRENATAL PATIENT'S CHART**

Phil health number _____
 Member _____ Dependent _____

Patients Name: _____ Age: _____ Sex: _____ Date: _____

OPD #: _____ Civil Status _____ B-day _____ Occupation _____

Address: _____

Contact No. : _____

Husband: _____

Fathers Name: _____

Mothers Name: _____

HISTORY OF PREVIOUS PREGNANCY:

G_P_ (T_P_A_L_) LMP: _____ EDC: _____ AOG: _____

Gravida	Type of delivery (NSD, CS, Abortion)	Male or Female	Place of Delivery	Year Delivered	Attended by:	Status (Alive or not alive)	Birth date	TT injection Status
1								
2								
3								
4								
5								
6								
7								
8								

**PRENATAL CARE
PRENATAL PATIENT'S CHART**

NAME _____ AGE _____

BIRTHDAY _____

HUSBAND _____

COMPLETE ADDRESS _____

LMP _____ TT STATUS _____ DATE TT GIVEN _____

<p style="text-align: right; margin: 0;">DATE _____</p> <p>CC _____ AOG _____ B/P _____ WT _____ FHT _____ FHB _____ PRES _____ TCB _____</p>	<p style="text-align: center; margin: 0;">REMARKS</p>
<p style="text-align: right; margin: 0;">DATE _____</p> <p>CC _____ AOG _____ B/P _____ WT _____ FHT _____ FHB _____ PRES _____ TCB _____</p>	<p style="text-align: center; margin: 0;">REMARKS</p>
<p style="text-align: right; margin: 0;">DATE _____</p> <p>CC _____ AOG _____ B/P _____ WT _____ FHT _____ FHB _____ PRES _____ TCB _____</p>	<p style="text-align: center; margin: 0;">REMARKS</p>
<p style="text-align: right; margin: 0;">DATE _____</p> <p>CC _____ AOG _____ B/P _____ WT _____ FHT _____ FHB _____ PRES _____ TCB _____</p>	<p style="text-align: center; margin: 0;">REMARKS</p>

**PRENATAL CARE
PRENATAL PATIENT'S CHART
(DENTAL)**

Name

	Surname	First Name	M.I
Date of Birth	<hr/>		
Age _____	Sex _____		
Address	-		

SERVICES RENDERED

DATE	PROCEDURE	DENTIST'S SIGNATURE