

## **Ante-natal patient form**

- Student's name:

- Group:

- Date of care:-

### **1-Personal History:-**

-Mother's name:

- Husband's name:-

- Mother's age:-

- Husband' age:-

### **Mother education:-**

1) Illiterate

2) Read and write

3) Preparatory

4) Secondary

5) University

### **-Mother's Occupation:-**

1) House wife

2) Working for tips

3) Employed

### **-Husband Occupation:-**

1) Employed

2) Not employed

### **-Address:-**

1) Rural

2) Urban

### **2 -Socio-economic history:-**

1-Income (Mother)

4-Water supply: yes: no:

2-Income (husband)

5-Electricity: yes: no:

3-Number of room's:

6-Good ventilation: yes: no:

7-Crowding index: persons/ room

### **3-Family history: Ask about hereditary diseases:-**

1-Hypertention:

yes

no



**7-History of taking certain drugs:-**

Type of drug: - ---- Name: - -----

Duration of use: -----

Drug sensitivity: -        yes ( )        no ( )

**8- Family planning history:-**

Method: -----        Duration-----        Cause of termination--

**9-Present history:-**

**LMP:-**                          
                  Day        month        year

**EDD:-**                          
                  Day        month        year

Present complain: b.....

- Treatment: - .....

- Nursing diagnosis: .....

**Investigation**

Urine analysis:

- Sugar: -        1) Yes        2) No        Result: -----

-Albumen: -        1) Yes        2) No        Result: -----

Blood analysis:

- R.B.Cs:-        1) Yes        2) No        Result: -----

- W.B.Cs:-        1) Yes        2) No        Result: -----

- HB: -        1) Yes        2) No        Result: -----

- RH: -        1) Yes        2) No        Result: -----

- BL/grouping: - 1) Yes 2) No Result: -----

Ultrasonography: - 1) Yes 2) No

X-ray:- 1) Yes 2) No

Laparotomy: - 1) Yes 2) No

Laparoscopy: - 1) Yes 2) No

Ante partum fetal monitoring:-

1) Yes 2) No Result: -----

**Ante-partum record**

Ht./ Wt.	T.P.R.Bp.	Wks of gestation (By grip)	Lie	Position	Presentation	Attitude	FHR

[Type text]

**Nursing care plan:**

<b>Mother's needs and Problems</b>	<b>Patient goal</b>	<b>Nursing Action</b>

[Type text]

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