



Prenatal Visit 1st Trimester Template

Patient is a ___ y/o G ___ P ___ @ ___ wks ___/7 with and EDD of _____ c/w LMP/US

Prior OB Hx significant for _____

Current Pregnancy:

- Cramping: [+/- frequency, intensity, duration]
- Vaginal Bleeding: [+/- color, # of pads, etc]
- Nausea/Vomiting: [severity, frequency]
- Other concerns/ new problems: [pain, rash, review of systems etc.]

PMedHx:

Current Meds: [PNV, etc.]

Allergies:

SHx: T/E/D, abuse, home, child care, occupation, education

Vitals:

Physical Exam: [fundal height (cm), FHR (bpm)] usually not audible before 12 weeks.

Urine dip at each visit

PNL (prenatal labs): Urine, CBC (first visit), Type and Screen, Rubella, HBsAg, HIV, GC/Chlamydia, Chemistries and additional labs as indicated.

Screening: Genetic screen part 1 (NT, PAPP-A, Beta HCG)

Refer for genetic counselling as indicated

Ultrasound: [first one should be done before 12 weeks if possible to , measure CRL to determine EDD]

Other topics of discussion: [pertinent for first trimester]

- Appropriate weight gain
- Genetic Counseling if indicated or per patient request
- Discuss changes to body during pregnancy
- Nutrition/diet/physical activity
- Avoidance of secondhand smoke, fish intake and environmental hazards.
- Discuss time table for the pregnancy
- Birthing classes at later date and f/u visits usually q 4 weeks