Mater Mothers' Hospital

Pregnancy Health Record Supplement

(affix mother's identification label here)

URN:

Surname:

Given names:

Address:

Medicare number:

Date of birth:

Clinic notes

Shared Care Visit Notes

For use when Shared Care Provider does not record Visit Notes in Practice Management Software. Please attach to Mater Pregnancy Health Record.

Date	Blood pressure (seated)	Weeks/ gestation calc	Gestation clinical (cm)	Presenta-tion	Descent/ Fifths above brim	Fetal heart rate	Fetal move-ments	Liquor	Weight (if required)	Urinalysis (if required)	Smoking (yes/no)

Notes:

Registered interpreter present? ☐Y ☐N	Name:	Position:	Signature:

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All clinical form creation and amendments must be conducted through Health Information Services.

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