

SASKATCHEWAN PRENATAL RECORD

** (DATE FORMAT EXAMPLE: 04 JAN 2018)

Last Name, First Name		Facility/Clinic Code		LMP dd/mmm/yyyy **		Cycle q		Certain ☐ Y ☐ N		Regular ☐ Y ☐ N		EDB by LMP dd/mmm/yyyy**	
Date of Birth: dd/mmm/yyyy **		Age yrs		MRN		HSN		Dating by ☐ Ultrasound (preferred) (7-22 weeks)		☐ LMP		☐ ART	
Address:		Wanted Pregnancy ☐ Y ☐ N		Contraceptive Type		Last Used dd/mmm/yyyy**		Partner's Last Name, First Name		Partner's Age		Partner's Occupation	
City, Province, Postal Code		Primary Phone Number		Partner's Education Level		Current Medications and Alternate/Complementary Therapies		☐ Folic Acid at Conception _____ mg ☐ Prenatal Vitamins		Non-Prescription/Herbal/Alternate Medicine/Prescriptions		Drug Allergies	
Family Physician		Referring Physician		Attending Physician		Relationship Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Common Law ☐ Other		Allowance(s) for Care/Special Needs		Past Obstetrical History			
☐ Leave Message Alternate Phone/Email		Preferred Language		☐ Interpreter Required		Occupation		Education Level		Date ** dd/mmm/yyyy		Place of Birth Gest. Age Weeks Labour Length Type of Birth Comments Regarding Fetus, Pregnancy, Birth, and Newborn Infant Sex Birth Weight Breastfed/ Duration Baby Living With	
Relationship Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Common Law ☐ Other		Allowance(s) for Care/Special Needs		Past Obstetrical History		Health Status (Check box(es) only if positive. If so, describe. Provide details and any referrals in the comments section).		Current Pregnancy ☐ Bleeding ☐ Nausea/Vomiting ☐ Rash/Fever/Illness		Health History (Continued) ☐ Dental Cleaning in the Last Year ☐ Unmet Dental Needs ☐ Dental Pain/Infection ☐ Anxiety/Depression EPDS Score* _____ ☐ Bipolar Disorder ☐ Other Problems _____		Family History ☐ Medical Conditions ☐ Carrier for Genetic Condition: at risk? ☐ Birth Defects/Disabilities ☐ Other _____	
Health History ☐ Hypertension ☐ Cardiac/Pulmonary ☐ Endocrine ☐ GI/Liver ☐ Gynecology ☐ Renal/Urinary Tract ☐ MSK/Rheumatology ☐ Respiratory Diseases ☐ Tuberculosis ☐ Thromboembolic/Coag ☐ Blood Transfusion ☐ Neurological ☐ Surgery: _____ ☐ Anesthetic Complications		Infectious Disease ☐ Hep B ☐ Hep C ☐ HIV ☐ HSV ☐ STIs _____ ☐ At risk for Parvo, Toxo, TB ☐ History of Varicella ☐ Other _____		Nutrition ☐ Adequate ☐ Special Diet ☐ Food Security Issues		Lifestyle/Social/Substance Use (Continued) Relationship Concerns ☐ Y ☐ N Lives With? _____ Are you safe where you are living? ☐ Y ☐ N WAST II Results * _____ Parenting Concerns ☐ Y ☐ N Alcohol: Have you consumed alcohol during pregnancy? ☐ Y ☐ N Currently Drinking _____ per day T-ACE Score* _____ Cigarettes: Have you ever smoked? ☐ Y ☐ N Currently Smoking _____ per day Cannabis: Have you ever used? ☐ Y ☐ N Currently Using _____ per day Used How? Use of Other Drugs? ☐ Y ☐ N What Drug? _____ Currently Using _____ per day Used How?							
Additional Comments		Practitioner Signature		Date dd/mmm/yyyy **									

See Care Guide for details **Date: See example top of page 1

H19-42 (03/19) PRF Form available at:

<https://www.ehealthsask.ca/services/resources/Resources/Prenatal-Record-Form-2019.pdf>

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Last Name, First Name		Date of Birth dd/mmm/yyyy ** Age		PHN	EDB dd/mmm/yyyy
Physical Examination (checked means completed and normal)					
Height _____cm	Pre-pregnancy Weight _____kg	☐ Head & Neck	☐ Heart	☐ Pap Smear	☐ Other
Current Weight _____kg	Pre-pregnancy BMI _____	☐ Teeth/Mouth	☐ Lungs	☐ Pelvic	
Recommended Weight Gain _____kg		☐ Breast/Nipples	☐ MSK		
Blood Group and Antibody Screening					
Test	Date **	Result	Rh Status	Date **	Results
ABO/Rh(D)	dd/mmm/yyyy		Positive		
	dd/mmm/yyyy		Repeat Screen	dd/mmm/yyyy	
	dd/mmm/yyyy		(36 weeks)		
Antibody Screen	dd/mmm/yyyy		Negative		
	dd/mmm/yyyy		Repeat Screen	dd/mmm/yyyy	
			(28 weeks)		
Group B Streptococcus Screening (GBS)					
Vaginal-rectal Swab ☐ Positive ☐ Negative ☐ Not Done					
dd/mmm/yyyy**			Repeat Screen	dd/mmm/yyyy	
			(36 weeks)		
Other Indications for Prophylaxis ☐ Y ☐ N			Rh Globulin Given	dd/mmm/yyyy	
Initial Lab Investigations					
Test	Date **	Results	Test	Date **	Results
Hemoglobin	dd/mmm/yyyy		Syphilis	dd/mmm/yyyy	
Urine C & S	dd/mmm/yyyy		Chlamydia	dd/mmm/yyyy	
HIV	dd/mmm/yyyy		Gonorrhea	dd/mmm/yyyy	
Hep B - antigen	dd/mmm/yyyy		Other, as needed	dd/mmm/yyyy	
Hep C - antibody	dd/mmm/yyyy		(e.g. Ferritin)	dd/mmm/yyyy	
Rubella	dd/mmm/yyyy			dd/mmm/yyyy	
Prenatal Genetic Investigations					
Investigation	Results		Investigation	Results	
Counselled and Declined			MSAFP (15-20+6 weeks)		
dd/mmm/yyyy**			dd/mmm/yyyy**		
Integrated First Trimester			Cell-Free DNA		
NT+biochemistry			dd/mmm/yyyy**		
dd/mmm/yyyy**					
Integrated Biochemical Screening			CVS/Amnio dd/mmm/yyyy**		
Part 1 dd/mmm/yyyy**			Other Genetic Testing dd/mmm/yyyy**		
Part 2 dd/mmm/yyyy**			NT Risk Assessment - Multiples Only		
			dd/mmm/yyyy**		
2 nd and 3 rd Trimester Lab Investigations			Ultrasound		
Test	Date **	Results	Date **	Place Done	Results
Hemoglobin	dd/mmm/yyyy		dd/mmm/yyyy		
1Hr 50g GCT	dd/mmm/yyyy		dd/mmm/yyyy		
2Hrs 75g GTT	dd/mmm/yyyy		dd/mmm/yyyy		
	dd/mmm/yyyy		dd/mmm/yyyy		
	dd/mmm/yyyy		dd/mmm/yyyy		
	dd/mmm/yyyy		dd/mmm/yyyy		
	dd/mmm/yyyy		dd/mmm/yyyy		
	dd/mmm/yyyy		dd/mmm/yyyy		
	dd/mmm/yyyy		dd/mmm/yyyy		
Vaccinations During Pregnancy			Vaccinations Postpartum		Newborn
Influenza	Pertussis		☐ Rubella - if non-immune		☐ Hep B
☐ Received ☐ Declined	(in every pregnancy at 27-32 weeks)		☐ Varicella - if non-immune		Prophylaxis
dd/mmm/yyyy**	☐ Received ☐ Declined		☐ Other		☐ HIV Prophylaxis
	dd/mmm/yyyy**				Other
Practitioner Signature				Date dd/mmm/yyyy**	

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