



Pregnancy Health Record

(affix identification label here)

URN:
Family name:
Given name(s):
Address:
Medicare number:
Date of birth:

Mother's section

Medical information

Clinic notes

Screening tools

PREGNANCY HEALTH RECORD

Always carry this record with you

You must bring this record with you when you visit any health care professional / hospital

Model of care:

Medicare ineligible Comments:

For urgent telephone advice dial:

available
24 hours

In an emergency dial 000

Mother's information

INFORMATION ONLY

Shared Care Contact Information

Consultant: Primary maternity carer name:

General Practitioner (GP) / Midwife (stamp or print details):

Useful Phone Numbers

Name: Shared care: Yes No Discontinued
Address: Phone:
Fax:
Email: Pager:

Name: Shared care: Yes No Discontinued
Address: Phone:
Fax:
Email: Pager:

13 HEALTH 13 43 25 84
DVI Hotline 1800 811 811

Anti D Prophylaxis (for Rh Negative women only)

Yes → Week 28: Week 34-36:
 No (initial)

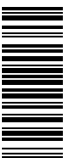
Disclaimer

This document is not nor should it be treated as a complete obstetric record for the mother. Copies of the complete obstetric record for the mother will be made available to the mother's treating health practitioner/s on request. Any notes in this document must be read in conjunction with the documents attached to it. This document will be updated at each visit.

Queensland Health does not warrant that this document is a comprehensive or up to date record. In no event shall Queensland Health be liable for any damages (including without limitation, direct, indirect, special or consequential) whatsoever including damages connected with or resulting from the information contained in this document or reliance on it.

This document does not replace the need to obtain a valid consent from the mother in relation to any procedure.

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