**Visit Notes**

- **Date / Time**
- **BP (seated)**
- **Cuff size**
- **Weeks / gestation calc**
- **Fundal height (cm)**
- **Presentation**
- **Descent / Fifths above brim**
- **FHR**
- **FM**
- **Liquor**
- **Weight (kg)**
- **Urinalysis (U/A)**
- **Next visit**

**Notes:**

- Smoking, alcohol, other brief intervention offered (page a15–16): [ ] Yes [ ] N/A [ ] Declined
- Registered interpreter present? [ ] Yes [ ] No

**Maternity care provider name:** [ ]
**Designation:**
**Signature:**

---

**Visit Notes**

- **Date / Time**
- **BP (seated)**
- **Cuff size**
- **Weeks / gestation calc**
- **Fundal height (cm)**
- **Presentation**
- **Descent / Fifths above brim**
- **FHR**
- **FM**
- **Liquor**
- **Weight (kg)**
- **Urinalysis (U/A)**
- **Next visit**

**Notes:**

- Smoking, alcohol, other brief intervention offered (page a15–16): [ ] Yes [ ] N/A [ ] Declined
- Registered interpreter present? [ ] Yes [ ] No

**Maternity care provider name:** [ ]
**Designation:**
**Signature:**
<table>
<thead>
<tr>
<th>Date / Time</th>
<th>BP (seated)</th>
<th>Cuff size</th>
<th>Weeks / gestation calc</th>
<th>Fundal height (cm)</th>
<th>Presentation</th>
<th>Descent / Fifths above brim</th>
<th>FHR</th>
<th>FM</th>
<th>Liquor</th>
<th>Weight (kg)</th>
<th>Urinalysis (U/A)</th>
<th>Next visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Smoking, alcohol, other brief intervention offered (page a15–16): [ ] Yes [ ] N/A [ ] Declined [ ] Registered interpreter present? [ ] Yes [ ] No

Maternity care provider name: _____________________________
Designation: _____________________________
Signature: _____________________________

<table>
<thead>
<tr>
<th>Date / Time</th>
<th>BP (seated)</th>
<th>Cuff size</th>
<th>Weeks / gestation calc</th>
<th>Fundal height (cm)</th>
<th>Presentation</th>
<th>Descent / Fifths above brim</th>
<th>FHR</th>
<th>FM</th>
<th>Liquor</th>
<th>Weight (kg)</th>
<th>Urinalysis (U/A)</th>
<th>Next visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Smoking, alcohol, other brief intervention offered (page a15–16): [ ] Yes [ ] N/A [ ] Declined [ ] Registered interpreter present? [ ] Yes [ ] No

Maternity care provider name: _____________________________
Designation: _____________________________
Signature: _____________________________