



Pregnancy Health Record (PHR) Visit Notes (Additional Page)

Facility:

Best estimate due date:
 / /

Gravida:

Parity:

Blood group:

(Affix identification label here)

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

Visit Notes

All hospital staff document any variances in progress 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) (if required)	Next visit
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Smoking, alcohol, other brief intervention offered (page a15-16): Yes N/A Declined Registered interpreter present? Yes No

Maternity care provider name: Designation: Signature:

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PHR - VISIT NOTES





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