



Pregnancy Health Record (PHR) Medical and Obstetric Issues and Management Plan (Additional Page)

Facility:

(Affix identification label here)

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

Antenatal Management Plan

Birth Management Plan

Postnatal Management Plan

Clinician name:	Designation:	Signature:	Date:
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DO NOT WRITE IN THIS BINDING MARGIN

PHR – MEDICAL AND OBSTETRIC ISSUES AND MANAGEMENT PLAN





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Birth Management Plan

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Postnatal Management Plan

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