

New OB visit

When was your last menstrual period?

What was your Pre-Pregnancy Weight?

Any allergies to medications?

What medications are you taking now?

Any problems during your pregnancy so far?

Any problems with previous pregnancies?

Any new medical problems since last being here?

Name of the father of the baby

Disregard below this line

Ht: _____ Wt: _____ BP: _____ Pulse: _____ POX: _____ Temp: _____

Glucose: Negative 100 250 500 1000 2000 or more

Bilirubin: Negative small moderate large

Ketones: Negative trace small moderate large

Specific Gravity: 1.000 1.005 1.010 1.015 1.020 1.025 1.030

Blood: trace moderate hemolyzed trace small moderate large

Ph: 5.0 6.0 6.5 7.0 7.5 8.0 8.5

Protein: Negative trace 30 100 300 2000 or more

Urobilinogen: 0.2 1 2 4 8

Nitrite: Negative Positive

Leukocytes: Negative trace small moderate large

Test performed by : _____