Division of Immigration Health Services

Prenatal Care History and Physical Exam Form

LMP:	EDC:	MENARCHE (Age onset)

TOTAL PREG.	FULL TERM	PREMATURE	ABORTION	MULTIPLE BIRTHS	LIVING

Pre-pregnancy weight :LBS	Height In	Age Yrs	Race	Religion	Positive Pregnancy test Date:

Prior Medical /OB Problems	POS	NEG	Comments	
AGE >35 <17				
Multiparity				
Abortions				
Macrosomia (>9 Lb.)				
Neonatal Jaundice				
Congenital Anomaly				
GYN Disorder				
Infertility				
Urine Structural Anomaly				

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:

1. Name: (Last) (First)	
2. DOB:	3. A #
4. Nationality:	5. Facility:

Form DIHS-846 (7/99)