

# Gynaecologists / Obstetricians

Account No. \_\_\_\_\_

Surname \_\_\_\_\_ First Names \_\_\_\_\_

Date of Birth \_\_\_\_\_ I.D. No. \_\_\_\_\_

Home Address \_\_\_\_\_

Tel. Home \_\_\_\_\_

Postal Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Occupation and Work Address \_\_\_\_\_

Tel. Office \_\_\_\_\_

Husband's Full Names \_\_\_\_\_

Husband's Occupation and Work Address \_\_\_\_\_

Tel. Office \_\_\_\_\_

Medical Aid \_\_\_\_\_

Medical Aid Number \_\_\_\_\_

Name of Member \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Tel. No. \_\_\_\_\_

Address \_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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B	1
C	2
D	3
E	4
F	5
G	6
H	7
I	8
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Age \_\_\_\_\_ Parity \_\_\_\_\_ L.N.M. \_\_\_\_\_

**PRESENTING SYMPTOMS:** \_\_\_\_\_

**HISTORY OF MAIN COMPLAINT:** \_\_\_\_\_

**GYNAECOLOGICAL HISTORY:** Menarche \_\_\_\_\_ Cycle \_\_\_\_\_ Volume \_\_\_\_\_ Dysmenorrhea \_\_\_\_\_

Vaginal Discharge \_\_\_\_\_ Contraception \_\_\_\_\_

**SEXUAL HISTORY:** Dyspareunia \_\_\_\_\_ Libido \_\_\_\_\_ Frequency \_\_\_\_\_

**OBSTETRIC HISTORY:** Term \_\_\_\_\_ Eldest \_\_\_\_\_ Youngest \_\_\_\_\_ Abortions \_\_\_\_\_

**SYSTEMIC HISTORY:** E.N.T. \_\_\_\_\_ Heart \_\_\_\_\_ Lungs \_\_\_\_\_ G.I.T. \_\_\_\_\_

Urinary Tract \_\_\_\_\_ R.E.S. \_\_\_\_\_ Endocrine \_\_\_\_\_ C.N.S. \_\_\_\_\_

**SOCIAL HISTORY:** Smoking \_\_\_\_\_ Alcohol \_\_\_\_\_

**PAST MEDICAL AND SURGICAL HISTORY:** \_\_\_\_\_

**FAMILY HISTORY:** Father \_\_\_\_\_ Mother \_\_\_\_\_ Sibs \_\_\_\_\_

**MEDICAMENTS:** Present \_\_\_\_\_

Allergies \_\_\_\_\_

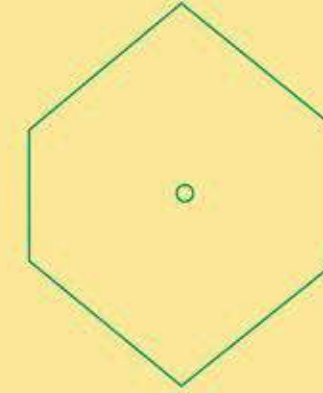
**EXAMINATION:** B.P. \_\_\_\_\_ Pulse \_\_\_\_\_ Anaemia \_\_\_\_\_ Temp. \_\_\_\_\_

Head & Neck: \_\_\_\_\_ Thyroid: \_\_\_\_\_

Heart & Lungs: \_\_\_\_\_ Lymphnodes: \_\_\_\_\_

Breasts: \_\_\_\_\_ Back and extremities: \_\_\_\_\_

Abdomen: \_\_\_\_\_ Hair distribution: \_\_\_\_\_

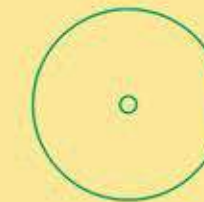


**GYNAECOLOGICAL:**

Inspection: Vulva \_\_\_\_\_ Clitoris \_\_\_\_\_ Urethra \_\_\_\_\_

Speculum: Vagina \_\_\_\_\_ Cervix \_\_\_\_\_ Cytology \_\_\_\_\_

Colposcopy \_\_\_\_\_



Bimanual Bartholin's glands \_\_\_\_\_ Vagina \_\_\_\_\_

Cervix \_\_\_\_\_ Uterus \_\_\_\_\_ Adnexa \_\_\_\_\_

Pouch of Douglas \_\_\_\_\_ Rectovaginal \_\_\_\_\_ Rectal \_\_\_\_\_

**SIDE ROOM:** Pregnancy Test \_\_\_\_\_ Wetsmear \_\_\_\_\_ E.S.R. \_\_\_\_\_ URINE \_\_\_\_\_

**SPECIAL INVESTIGATIONS:** \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_

**TREATMENT:** \_\_\_\_\_

**FOLLOW UP:** \_\_\_\_\_



**ANTENATAL RECORD**

AGE	AMNIO DONE	DATE	RESULT	<b>SPECIAL NOTES</b>
< 37 >	NOT DONE	REASON		

PMH

PSH

ALLERGIES

DRUGS

**PREVIOUS OBSTETRICAL HISTORY**

DATE	DELIVERY		SEX	WEIGHT	GTT DONE	DATE	NORMAL	ABNORMAL	COMMENTS
	NVD	C/S							

**PRESENT PREGNANCY**

LMP	HEART	TESTS DONE	WR	Rh + GRP	PAP
EDD	LUNGS	DATE	HB	RUBELLA	IMMUNE
					NOT
					OTHERS

**ANTENATAL RECORD**

PLACE OF CONFINEMENT

DATE	BP	POA	HOF	POSITION	VERTEX		FHH	FMF	OEDEMA	URINE		WEIGHT	TEST AND COMMENTS
					Mobile	Fixed				Protein	Sugar		

**RESULT OF THIS PREGNANCY****DATE OF DELIVERY**

SEX	APGAR	NVD	C/S	ANTI D REQUIRED?	POSTNATAL HB	COMMENTS
M F				NO YES GIVEN?		