AGE:	RELIGION:		HOLY COMM	MUNION:	DIET:	TPR:		BP:		WGT:		&O:		OXYGEN:		
ACTIVITY:			EMERGENC'	Y NOTIFICA	TION:			TELEPHO	ONE	ALLER	GIES:					
ROOM #:	NAME:		LANGUAGE:				OB PHYSICIAN:				CONSULTING MD:					
G/P:	AB:	BLOOD TYP Antibody Screen: Serology:		RHOGAM NDICATED:	LMP:		EDC:	A	DMISSION	G.A.	Special Notice	E: MOTH	HER			
ST ANNE'S PT:																
ADOPTION AG	ENCY:										Special Notice	: INFAN	NT			
COMMENTS:											-					
MARITAL STAT	TUS:		PRENATAL (STARTED:	CARE		PREN	IATAL CLASSES	S:			IV FLUIDS:					
SIGNIFICANT I	MEDICAL / SURC	GICAL Hx:				I										
ANATEPARTUI	M PROBLEMS:															
MEDICATIONS	(Current):															

TESTS / LAB STUDIES: MOTHER DATE LAB, X-RAY, OTHER TESTS REQ. SCHED. COMPL. INITIALS DATE ORDERED BE DONE TEST DATE ORDERED BE DONE TEST INITIALS DATE ORDERED BE DONE TEST ORDERED BE DONE DATE ORDERED BE DONE	
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DATE TREATMENTS	

DISCHARGE PLANNING:										NURSING (INITIAL	
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REFERRAL:	:												
AGENCY:													
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ROOM #:		NAME:		DIAGNOSIS					OB PHYSICIAN:		CONSULTING ME):	ADMIT DATE: