

Record of prenatal care

Name of mother: _____ Age: _____ Number of children: _____ Date of last childbirth: _____

Date of last monthly bleeding: _____ Probable due date: _____ Problems with other births: _____

date of visit	month of pregnancy	general health and minor problems	anemia	weight	temperature	pulse	blood pressure	signs of pre-eclampsia	protein in urine	other warning signs	size of womb	position of baby in womb	baby's heartbeat