	Pregnancy Health Record (PHR) Visit Notes (Additional Page)					(Affix identification label here) URN:						
Nuceurs and					Family name:							
	Best estimate due date: / /											
Gravida:	Parity		Blood gr	oun:	Medicare numbe	er:						
		· · · · · · · · · · · · · · · · · · ·	Jioou gi	oup.	Date of birth:							
Visit No Date / Time	BP (seated)	Weeks /	Fundal		ation Descent / Fift		Fetal	Liquor	Weight	urinalysis (U/A)	Ne	
	Cuff size	gestation	n calc height	(cm)	above brim		movement		(kg)	(if required)	vis	
Notes:												
Safer Baby E	undle discusse	d: Fetal	I growth chart	☐ Safe mate	ernal sleep position	CO mol	nitoring []	Quitting sn	noking [Cigarettes p/d.	ay:	
Advice we		Nutrition	Activity	Safe mate			nitoring (☐ Cigarettes p/d.	ay:	

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Pregnancy Health Record (PHR) Visit Notes (Additional Page)

Government Facility:

Best estimate due date:

Gravida:	Parity:	Blood group:

	(Affix identification label here)
URN:	
Family name:	
Given name(s):	
Address:	
Medicare number:	
Date of hirth:	

				Da	te of birth:						
Visit Notes All hospital staff document any variances in progress no							notes				
Date / Time	BP (seated)	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
	Cuff size										
Notes:											

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Safer Baby Bundle discussed: Fetal growth chart Safe maternal sleep position CO monitoring Quitting smoking Cigarettes p/day:											
	brief interventio		/ity ′es	Declined		Rogics	ered interpre	tar proce	nt2 🗆	Yes No	
	re provider nam		C3 IN/A	Designation:		Signat		er prese	ant:	ICO INO	
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