

**MEDICAL RECORD: OBSTETRIC EXAMINATION**

DATE OF EXAMINATION	HEIGHT	TEMPERATURE	PULSE	BLOOD PRESSURE
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**GENERAL:**

HEENT: \_\_\_\_\_

HEART: \_\_\_\_\_

LUNGS: \_\_\_\_\_

BREASTS: \_\_\_\_\_

ABDOMEN: \_\_\_\_\_

EXTREMITIES: \_\_\_\_\_ REFLEXES: \_\_\_\_\_

**PELVIC:**

POSITION: \_\_\_\_\_ STATION: \_\_\_\_\_

EFFACEMENT: \_\_\_\_\_ DILATATION: \_\_\_\_\_

INTROITUS: Lesions: \_\_\_\_\_

MEMBRANES: \_\_\_\_\_ Ferning: \_\_\_\_\_ Nitrazine: \_\_\_\_\_

CLINICAL PELVIMETRY: Adequate \_\_\_\_\_ Borderline: \_\_\_\_\_ Contracted: \_\_\_\_\_

**ESTIMATED FETAL WEIGHT:** \_\_\_\_\_

**F.H.R. STRIP:**

Baseline Rate: \_\_\_\_\_ Variability and Reactivity: \_\_\_\_\_

Decelerations: Type if present: \_\_\_\_\_ Reassuring vs. Worrisome: \_\_\_\_\_

**IMPRESSION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLAN:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PATIENT'S IDENTIFICATION

