**Obstetric Case Record**

Name : W/o:

Age :

Occupation

Address :

Socio Economic status – modified Kuppuswamy classification

Date of Examination:

The case can be presented as follows:

Sapna 26yrs, W/o Ramu, belonging to the upper middle class in modified Kuppuswamy scale G3P1A1 presents with 6months amenorrhea and C/o ……

If she had any major medical disease, it has to be mentioned in the beginning. For eg.,

Sapna 26yrs, W/o Ramu, G3P1A1 known case of Type 2 DM presents with 6months amenorrhea and C/o ……

**History of Amenorrhoea :**

**History of presenting illness:**

Chief complaint/s only

Order of complaints should be the longest duration one presented first.

Complaint – details – only pertinent negative history

**Menstrual History**

Regular/Irregular Cycles

LMP  EDD

**Obstetric History** : G P A L

Married Life, Consanguinity, contraception

Details of each pregnancy

Conception spontaneous/assisted

Course during pregnancy

Details of delivery and postnatal period

Last Delivery: Last abortion:

**Details of the present pregnancy**

Booked (here/outside)/Unbooked/ Referred

Details of trimesters – Booking date, (No need to mention quickening,) Significant medical/surgical/ pregnancy related events

All investigation results in patient’s own words without technical details may be mentioned here.

Prophylaxis: Iron, Folic acid, Calcium supplementation, TT

**Past History – Medical History/ Surgical history**

**Family History -**

**Drug History- Any medications**

**Allergy History**

**Social History& –** Smoking/ Domestic violence/ illegal drug use/ psychiatric illness

**Personal History & Social History -** Diet (Mixed/ Vegetarian), Sleep, Appetite, Bowels, Micturition, Smoking, Alcohol, Illicit drug use, domestic violence, psychiatric illness

**GPE**Patient oriented, comfortable

Weight If possible BMI

Pulse  Blood Pressure RR Temperature,

Pallor, Cyanosis, jaundice,

Clubbing

Oedema

Thyroid,

Breasts Nipples: Normal/Inverted

Add other examinations, relevant to the case

**Systemic Examination**

**CVS –** Clinically normal

**RS -** Clinically normal

Unless there are some signs, ‘clinically normal’ should be enough. No need to mention S1, S2 etc.

**Per Abdomen :**

Inspection – Uniformly distended, flanks – full/not full

(Linea nigra, umbilicus – position, transversely stretched etc., not be mentioned)

Scars if present

Hernia - Umbilical Hernia only to be mentioned

Palpation –

Uterus- size, relaxed/ tense/ tender

Fundal Height

Leopold maneuvers

Lie

Presentation

FHS

Previous CS Scar / any other observation

Adequacy liquor

Estimated weight

Eg. Uterus 36 weeks, relaxed, fundal height -36cm, Cephalic presentation, Head mobile, LOA

No need to describe as hard, ballotable, probably head etc.

**Vaginal Examination (if necessary)**

**Provisional Diagnosis:**