



**Boston University** Chobanian & Avedisian School of Medicine  
Physician Assistant Program

**Student Name(s)** \_\_\_\_\_

**Prenatal Care Workshop Visit Form** *(This form is used as an educational experience for students and is not part of a medical record. It should be handed to the instructor at the end of the workshop.)*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

LMP: \_\_\_\_\_ LNMP: \_\_\_\_\_ Cycle Length: \_\_\_\_\_ Regular cycles? Yes No

Home pregnancy test? Yes No Date of positive test: \_\_\_\_\_

Office pregnancy test date: \_\_\_\_\_ Blood type: \_\_\_\_\_

Past Pregnancy summary:

G:	P:	F:	P:	A:	L:
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EDD:		
LMP	Date:	
First Exam	Date:	Size:
Fetal Heart Tones	Date:	
Ultrasound	Date:	Gestation:
Ultrasound	Date:	Gestation:

**Problem List:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Medications:**

Date	Weeks/Days	Weight (lbs)	Blood Pressure	Urine (Protein/Glucose)	Fundal Height	Presentation	FHR	Examiner	Next visit	Notes
		N/A	N/A	Neg/neg						

**Notes:**