

## HOSPITAL'S NAME REMOVED DOCTOR'S SLIP (ANC)

**Name:**                      **AGE:**        M  F  **TIME:**                      (AM/PM)**DATE :**                      **EMERGENCY NO. :**

**G P L A**

LMP		<b>USG ( / / )</b> SLIUP? <input type="checkbox"/>
EDD		Px
POG		PLACENTA
TERM <input type="checkbox"/> PRETERM <input type="checkbox"/>		LIQUOR

BLOOD GROUP	A <input type="checkbox"/>	B <input type="checkbox"/>	O <input type="checkbox"/>	AB <input type="checkbox"/>
RH	(+) <input type="checkbox"/>	(-) <input type="checkbox"/>		
Hb ( / / )				
VIRAL MARKERS CLEAR?	HBsAg <input type="checkbox"/>	HIV <input type="checkbox"/>	VDRL <input type="checkbox"/>	NA <input type="checkbox"/>
URINE	ALBUMIN <input type="checkbox"/>	SUGAR <input type="checkbox"/>		

ON EXAMINATION			
<b>VITALS</b>	PULSE-	RESPIRATION RATE-	
<b>BP</b>	S:        D:	(mmHg)	<b>FHR :</b> ( bpm)
<b>P/V</b>	DILATATION :                      EFFACEMENT:                      STATION :		
	LEAKING: PRESENT <input type="checkbox"/> ABSENT <input type="checkbox"/>		
	LIQUOR : CLEAR <input type="checkbox"/> BLOOD-STAINED <input type="checkbox"/> MSL <input type="checkbox"/>		

**COMPLAINTS:-**

DOCTOR'S ADVICE	
ADMIT TO WARD	<input type="checkbox"/>
KEEP FOR OBSERVATION	<input type="checkbox"/>
SHIFT TO LABOUR ROOM	<input type="checkbox"/>
NO TREATMENT NEEDED – CAN GO BACK HOME	<input type="checkbox"/>

**OTHER ADVICES:**

**DOCTOR'S SIGN.**