



**AUCKLAND**  
DISTRICT HEALTH BOARD  
*Te Toka Tu māi*

**Women's Health**  
**Booking Form / Antenatal Record**

**MUST ATTACH PATIENT LABEL HERE**

SURNAME \_\_\_\_\_  
FIRST NAMES \_\_\_\_\_

NIH \_\_\_\_\_  
DOB \_\_\_\_\_

**Please ensure you attach the correct visit patient label**

**CONTACT DETAILS**

Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Partner name: \_\_\_\_\_  
**FIRST LANGUAGE**  
Interpreter required: Yes  No

**LMC** NWH / Other

Name: \_\_\_\_\_  
Contact Details: \_\_\_\_\_

**FAMILY DOCTOR**

Self: \_\_\_\_\_  
Partner: \_\_\_\_\_

**OCCUPATION**

**WOMAN'S ETHNIC GROUP**

Tick as many boxes as you need

NZ European  
 Maori  
 Samoan  
 Cook Island Maori  
 Tongan  
 Niuean  
 Chinese  
 Indian  
 Other (please state) \_\_\_\_\_

**WOMAN'S MEDICAL/SURGICAL HISTORY**

Diabetes  
 High Blood Pressure  
 Heart Disease  
 Kidney / Bladder Problems  
 UTI's  
 Vaginal Infection  
 Asthma  
 Epilepsy  
 Blood Disorder / Clotting  
 Depression / Mental Health  
 Cervix / Uterus Surgery  
 Blood Transfusions  
 Previous operations  
 Other \_\_\_\_\_

**FAMILY HISTORY**

Multiple Pregnancy  
 Parental Congenital Conditions  
 Medical Conditions  
 Psychiatric History  
 Obstetric Complications  
 Pre eclampsia  
 Diabetes  
Other details: \_\_\_\_\_

**MENSTRUAL CYCLE**

Regular / Irregular  
**LMP**  
Sure / Unsure

**EDD by dates**

**EDD by scan**  
Date of scan: \_\_\_\_\_  
Gestation at scan: \_\_\_\_\_

**AGREED EDD**

**FETAL ANATOMY SCAN**

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

**FETAL COUNT**

Singleton  Twin   
Triplet

**PRENATAL DIAGNOSIS**

Option: \_\_\_\_\_

**SOCIAL DRUGS  
IN PREGNANCY**

**MEDICATIONS**

Iron  
 Folate  
 Iodine  
 Other \_\_\_\_\_

**ALLERGIES**

**LMC REGISTRATION**

Date of LMC registration \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Is this the first registration with any LMC  
 Yes  No  Unknown  
**If booked after 13 weeks, reason why**  
 Recently arrived in NZ  
 Seen by another LMC  
 Non NZ resident  
 Didn't know was pregnant  
 Unable to find LMC  
 Seen by GP less than 13 weeks, late or no referral  
Other please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HIV discussed with GP or LMC**

Yes  No  
Consented to test:  
 Yes  No

**ALCOHOL**

Does not drink  
 Not drinking in pregnancy  
Drinks \_\_\_\_\_ u / wk  
 Referral to CADS  
 Yes  No  Decline

BMI \_\_\_\_\_

Weight \_\_\_\_\_

Booking BP \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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