

Name of Health Institution

C.H./C.H.C/P.H.C/U.P.H.C. (Distt. Gurugram)

ANTE NATAL CARD (प्रसवपूर्व रिकार्ड)

Whether High Risk Yes/No If Yes, stamp with 'RED HIGH RISK STAMP'

1. High risk case to be managed at FRU only.
2. Regular follow up on dates advised by Gynaecologist.
3. To be counselled by Staff nurse of HRP (District Hospital).
4. In case of emergency, dial toll free number 102 for availing free ambulance services.
5. High risk case to be delivered at FRU only by Gynaecologist/trained LMO in the presence of a Paediatrician

ANC
37.

Reg.No. _____ UHD(as per MCP card) 23/6/21

Name Mrs. Ritu w/o Preet Age 20yrs Date _____

Husband Name _____ Phone No. 8588888372

Address H.No- 1594/3, Gali No- 6, RAJIV NAGAR

Occupation _____

DLMP 23/2 EDD 1/11 Height _____

Diagnosis _____

Obstetric History (GPA) G P A Inj. T.T. _____ 1st _____ 2nd _____

No. of living children 1 0 0 :- Male _____ Female _____

Gravida	Period of gestation (at the time of abortion/delivery)	Outcome of Pregnancy Abortion/ Live birth/ Still born	Mode of Delivery Normal/Instrumental/ LSCS	Complication If any specify
1				
2				
3				
4				

Any History of :- DM/ HT/ TB/ Thyroid/ PIH/ Epilepsy /Bleeding /GLMF/Jaundice/Asthma/Renal disease/Malaria/Drug intake for infertility etc./RTI/STI/Cardiac disease etc.

Family History :- DM/ HT/ TB/ Thyroid/ Down Syndrome/ Genetic Diseases.

Allergic to :- _____

कन्या भ्रूण हत्या - कानूनन अपराध है।

Seema 9810752846