



# Pregnancy Health Record (PHR) Visit Notes (Additional Page)

Facility: .....

**Best estimate due date:**  
 / /

**Gravida:**

**Parity:**

**Blood group:**

(Affix identification label here)

URN:  
 Family name:  
 Given name(s):  
 Address:  
 Medicare number:  
 Date of birth:

## Visit Notes

All hospital staff document any variances in progress notes

Date / Time	BP (seated) Cuff size	Weeks / gestation calc	Fundal height (cm)	Presentation	Descent / Fifths above brim	FHR	Fetal movement	Liquor	Weight (kg)	Urinalysis (U/A) (if required)	Next visit
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Notes:

DO NOT WRITE IN THIS BINDING MARGIN

PHR - VISIT NOTES

v3.00 - 04/2023



SW071d

Safer Baby Bundle discussed:  Fetal growth chart  Safe maternal sleep position  CO monitoring  Quitting smoking  Cigarettes p/day: .....

Advice weight gain  Nutrition  Activity

Alcohol, other brief intervention offered:  Yes  N/A  Declined

Registered interpreter present?  Yes  No

Maternity care provider name:

Designation:

Signature:

