



Supporting the birth that is right for you!

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Prenatal Exam Form

Date & Time : _____

Weeks Gestation : _____ Weight _____

BP : _____ Pulse : _____

Respirations : _____

Urine

Leukocytes : _____ PH : _____

Protein : _____ Glucose : _____

Ketones : _____ Blood : _____

Specific Gravity _____ Nitrites _____

Sleeping : _____

Exercise : _____

Eating : _____

Herbs/Supplements : _____

Headaches : _____

Blurred Vision : _____

Diarrhea/Constipation : _____

Cramps/Pains : _____

CTX/BH : _____

Edema : _____

Vaginal : _____ Bleeding/Mucus : _____

Fundal Height/Girth : _____

FHT _____ Location of FHT : _____

Fetal Position/Weight : _____

Fetal Activity : _____

Comments/Plan : _____

