134-11 Kew Gardens Rd 2 Fl Richmond Hill NY 11418 Tel: (718)408-5881 Fax. (718)785-0086

Medical Prenatal Checkup Form

Name:_____ **DOB:**_____

Address:_____ **Tel:**_____

CURRENT PREGNANCY

Expected delivery date:____/____/____ Month of first prenatal care visit:____/____/____ No yet____

Date of last prenatal visit:____/____/____ Next scheduled exam:_____/_____/_____ No yet____

PERTINENT MEDICAL HISTORY

Allergies:_____ Medications:_____

SCREENING TESTS	DATE DONE	RESULTS
Hematocrit or Hemoglobin		
Blood Pressure		
Weight		
Height		
Blood Lead Level (BLL)		
Tuberculin (PPD Mantoux)		
Other Tests (Specify)		

CHRONIC AND ACUTE MEDICAL CONDITIONS: ____None (Skip to next question)

Medical condition	Specific details	Most recent occurrence	Needs TreaTment

FINDINGS, TREATMENT, RECOMMENDATIONS:

_____

_____

_____

_____

PRENATAL CARE PROVIDER: ____No Prenatal Care Provider

Provider Name:_____ Provider License # _____

Address:_____

City_____ State_____ Zip_____ Tel:_____

Signature:_____ Date:_____

Pregnant Women to Receive Oral Health Care

Patient Name: (Last) _____ (First) _____

DOB: _____ Estimated delivery date: _____ Week of gestation today: _____

KNOWN ALLERGIES: _____

PRECAUTIONS: ☐ NONE ☐ SPECIFY (If any):

_____

_____

This patient may have routine dental evaluation and care, including but not limited to:

- Oral health examination
- Dental prophylaxis
- Scaling and root planing
- Extraction
- Dental x-ray with abdominal and neck lead shield
- Local anesthetic with epinephrine
- Root canal
- Restorations (amalgam or composite) filling cavities

Patient may have: (Check all that apply)

☐ Acetaminophen with codeine for pain control

☐ Alternative pain control medication: (Specify)

_____

☐ Penicillin

☐ Amoxicillin

☐ Clindamycin

☐ Cephalosporins

☐ Erythromycin (Not estolate form)

Prenatal Care Provider

Signature: _____ Date: _____

DENTIST'S REPORT

Diagnosis: _____

_____

Treatment Plan: _____

_____

_____

NAME: _____ Date: _____ Phone: _____

Signature of Dentist: _____ Dentist License: _____