RECORD OF PRENATAL EXPERIENCE

_____ PAGE #

STUDENT NAME _____

#	Mother's Initials	ALL Visit Dates Attended	OB Hx	OB PE (#1)	Vag Exam (#2)	Prenatal Education	Preceptor Signature

	Total # of MOTHERS on this page
	Total # of VISITS on this page

O - Observed by student ---	#1 Physical exam includes BP, pulse, wt, dipstick urinalysis,
A - Student assisted ---	fundal height, Leopold's maneuvers, fetal heart tones
P - Performed by student ---	#2 If indicated