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

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|---|---|
| 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 |