Jabatan Obstetric Dan Ginekologi
Hospital Tuanku Ja'afar,
Jalan Rasah,10300 Seremban
Negeri Sembilan

Patient's Label

EARLY PREGNANCY BLEEDING
Clerking sheet

Date:_____ Time:_____ Place : ☐ Clinic ☐ Ward
Occupation: _____
Last Normal Menstrual Period: _____ Sure Of Date : ☐ Yes ☐No
Period Of Amernorrhea (POA):_____
Gravida:_____ Para:_____ Abortion:_____
Menstrual History:_____
Contraception: ☐None ☐OCP ☐Condom ☐Rhythm ☐Others:_____
Urine Pregnancy Test: ☐ Positif ☐ Negative ☐ Not Done Where:_____

History Of Presenting Illness:

- **Per Vaginal Bleeding:**
  Duration:_____ Presence of cloth : ☐Yes ☐No
  Amount_____ Passed out product of conception: ☐Yes ☐No
  No of pads / day :_____ Passed out vesicles: ☐Yes ☐No

- **Abdominal pain:**
  Site : _____ Duration:_____
  Type: _____ Pain Score : 0 1 2 3 4 5 6 7 8 9 10

- **Symptoms Of Anemis (State) :** _____
- **Presence Of Syncopal Attack :** ☐Yes ☐ No
- **Presence Of Shoulder Tip Pain**: ☐Yes ☐No

Previuos Admission For Current Pregnancy (Date And Diagnosis)

_____

_____

Recent Dilation And Curettage (Date And Place)

_____

Past Gynaecological History (eg. tubal sterilization and surgery)

_____

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Past Obstetric History

Year	Place	Gestation	Mode	Gender	Present Status

Past Medical / Surgical History

_____

_____

Family History (Diabetes,Hypetension.Asthma,Etc)

_____

Allergy History

_____

PHYSICAL EXAMINATION:

General Condition:

☐Alert ☐Conscious ☐Semiconscious ☐Dehydrated

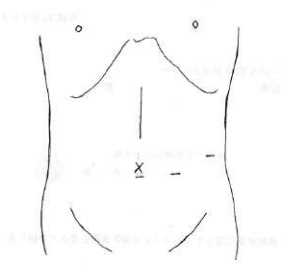
Pallor : ☐Yes ☐No

BP _____mmHg Pulse _____ beats per minutes Temperature_____ ℃

Cardiovascular system:

Respiratory system:

Abdomen examination:



☐Soft ☐ Tender ☐Guarded

Uterus: ☐Palpable (Size:_____)
☐Not Palpable

Pelvic examination:

i. Vulva/Vagina:_____

ii. Speculum Examination:

Bleeding: _____

Cervix : _____

Os : _____

Product Of Conception : ☐Yes ☐No Removed: ☐Yes ☐No

iii. Digital examination

Cervix : _____

Os : _____

Uterus:

Position: ☐Anteverted ☐Retroverted ☐Axial

Size:_____

Mobility:_____

Adnexal mass: Right_____ Left _____

Cervical motion tenderness: ☐Positive ☐Negative

Pouch of douglas : _____

Provisional Diagnosis:_____

Differential Diagnosis:_____

Investigation:

(Please Tick)	Investigation	Date	Results
	Pregnancy test		
	FBC		
	ABO Rh		
	Urinalysis		
	Renal Profile		
	Liver Function Test		
	Random Blood Sugar		
	Coagulation Profile		
	Other		

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Ultrasound Finding:

☐Transabdominal ☐ Transvaginal ☐Both

- Gestational Sac : ☐Intrauterine ☐Extrauterine Number_____ Size_____ mm
- Yolk Sac : ☐Absent ☐Present (Size_____mm)
- Fetus : ☐Absent ☐Present (Size _____mm)
- Chorionicity (If Twin): ☐ Monochorionic ☐Dichorionic
- Viability : ☐No ☐Yes (Evidence By ☐Fetal Heart ☐Fetal Movement)
- Placenta : ☐Not Low ☐Lying ☐Low Lying ☐Fundal ☐Anterior ☐Posterior ☐Hernatoma ☐Cyst ☐Other:_____
- Biometry:

CRL :_____ mm (_____Weeks _____Days)

BPD :_____ mm (_____Weeks _____Days)

HC:_____ mm (_____Weeks _____Days)

AC :_____ mm (_____Weeks _____Days)

FL :_____ mm (_____Weeks _____Days)

EFW :_____ g

REDD According Ultrasound Scan : _____

Any Abnormal Uterine / Ovarian Mass (Please State):

_____

_____

Performed By: _____

Diagnosis : _____

Plan Of Management:

Doctors (Name & Signature/Stamp) Date/Time_____

_____