

**BABY ADMISSION FORM**  
**HOSPITAL TUANKU JA'AFAR SEREMBAN**

MOTHER'S NAME:		AGE:		I/C :		OCCUPATIONAL:			
RACE : MALAY / CHINESE / INDIAN / OTHER				RELIGION:					
ADDRESS:									
FATHER'S NAME:		AGE:		I/C :		OCCUPATIONAL:			
RACE : MALAY / CHINESE / INDIAN / OTHER				RELIGION:					
ADDRESS:									
FAMILY ILLNESS:						TUBERCULOSIS : YES / NO			
PREVIOUS OBSTETRIC HISTORY:						GRAVIDA:      PARA:			
	YEAR OF BIRTH	PLACE OF BIRTH	METHOD OF DELIVERY	COMPLICATION	GESTATION	SEX	BIRTH WEIGHT	A/SCORE	CHILDREN PRESENT HEART / DENTAL
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
PRESENT PREGNANCY:		LMP:		EDD:		DATES:		RELEABLE:      BLD Grp &Rh:      VDRL	
								/ UNREALIABLE      DONE / NOT DONE	
MATERNAL ILLNESS:		PREGNANCY : SMOKER NO PER DAY			HYDRAMNIOS : YES/NO				
		COMPLICATION: YES / NO			VAGINAL MONELIA : YES/NO				
LABOUR & DELIVERY		DURATION OF 1 <sup>ST</sup>			DURATION OF 2 <sup>ND</sup>				
SPONT / INDUCED		STAGE (HOURS)			STAGE (HOURS)				
IF INDUCTION STATE INDICATION						METHOD OF DELIVERY			
PITOCIN DRIP : YES / NO				DELIVERY WAS : EASY / DIFICULT / INTERMEDIATE					
MEMBRANE: RUPTURED		FETAL TACHCARDIA YES / NO			SYNTOMETRIN : NON / IM /IV				
SPONT / ARTIFICIAL		<160 / MIN			GIVEN AT MIN / SEC				
RUPTURED MEMBRANE:		FETAL BRADYCARDIA : YES / NO							
INTERVAL HOURS:		<100 / MIN							
AMNIOTIC FLUID OFFENSIVE;		MECONIUM IN LABOUR:			CORD CLAMPED AT MIN / SEC				
YES / NO		NONE / FRESH / OLD							
MATERNAL PYREXIA.....YES / NO					WEIGHT O PLACENTA;_____GM				
MATERNAL ANTIBIOTIC: YES / NO IF YES, SPECIFY:_____									
MEDICATION 2 HOUR BEFORE DELIVERY:					ANAESTHESIA				
					LOCAL      UMBLICAL ARTERY				
					EPIDURAL				
					REGIONAL      GENERAL				
INFANT: DATE OF BIRTH:		TIME:.....		SEX: BOY / GIRL		SINGLE / TWIN / TRIPLET			
WEIGHT:.....KG		LENGTH:.....CM		CIRCUM OF HEAD:.....CM					
CONDITION OF BIRTH ; GOOD / FAIR / POOR									
DELIVERY BY:					MIDWIFE INCHARGE ;				
RESUSCITATION					AGE STARTED : MIN /SEC		AGE STOPPED: MIN / SEC		
ARTIFICAL VENTILATION									
INTUBATION									
OTHER									
APGAR SCORE		1 MIN	5 MIN	10 MIN	15 MIN	20 MIN	DR'S OR S/N'S NAME		
COLOUR									
HEART RATE									
RESPIRATION									
RESPONSE TO SUCTION							SIGNATURE		
TONE									
TOTAL									