

## Pregnancy certificate

1.

**Name and surname:**

**Birth Number Mother: When were you born?**

**Birth Number Father: When was your husband born?**

**Address:**

**Insurance: Do you have insurance in the Czech Republic? What's your insurance number?**

**Outpatient care: Who is your gynecologist? What is his/her address? What is his/her name?**

**Number of pregnancies: What's the number of your pregnancy?**

**Have you been pregnant before? Are you pregnant for the first time?**

**How many times did you give birth? PREGNANCY vs. NUMBER OF BIRTHS**

**Date of delivery: What is your delivery date?**

**LMP: last menstrual period: When did you have your last period?**

**US: ultrasound**

**Maternity leave from: When did your maternity leave start?**

**Date of next appointment: When will you have**

**Examination Dates: When was your last examination? / What is your last examination's date?**

**Gynecologist's signature:**

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2.

**Anamnesis/Medical History**

**Family history: Are there/Have there been any diseases in your family?**

**Personal history: Have you had/suffered any diseases in your life?**

**Operations: Have you had any operations?**

**Medications: Do you take any pills / medication regularly?**

**Allergies: Are you allergic to anything?**

**Blood transfusion: Have you ever had blood transfusion?**

**Gynecological history: Have you had any gynecological diseases/problems**

Menstruation: **How is your cycle? How is your period? Regular? Strong/Weak?**  
Etc.

Menstrual cycle from: **When did you get your period for the first time?**  
years      Cycle: **Is the cycle regular?**

Abortion: **Have you ever had an abortion?**

spontaneous      **Have you ever suffered miscarriage?**

Gynecological diseases:

Other diseases:

Previous pregnancies: **Did you have any problems during your previous pregnancies? Can you describe your previous pregnancies?**

**CAVEAT: Is there anything we must be careful about? Do you take any medication? Allergies?**

Year	Birth, Miscarriage, Abortion	week of pregnancy	weight /length	Spontaneous birth Operation complications

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### 3.

#### Laboratory examination

Blood group and Rh mother: **What is your blood group?/blood type?**

Blood group and Rh father:

Blood count + "trombo":

Date:

Value:

Antibodies:

O'Sullivan

O GTT

Urine:

OGTT:

Microbiology: GBS - Group B Streptococcus - SAG - Streptococcus agalactiae

Serology: Syphilis, Hepatitis B – C, HIV

Fenylketonuria

Others:

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**Obstetric examination:**

Height:            cm,      Weight before pregnancy:            kg,      Dimensions of pelvis:

Date	Week	Weight	Edema KB G (?)	Urine	Fetal heart sounds	Blood pressure	High fundus	fetal position	Cervix score - CS	Vaginal examination (cervix, colpo, cyto)

**Ultrasound examination:**

Date                      Week                      (12 -14) I screening  
Date                      Week                      (18 -20) II screening  
Date                      Week                      (30 – 32) III screening

Cytology                Date                      Finding  
Colposcopy            Date                      Finding  
Triple test              Date                      Finding  
Amniocentesis  
Other:

Examination of family doctor:

Stomatology:

Genetic examination:

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**5.**

**Other examinations:**

**Hospitalization: Have you ever been hospitalized? For what reason/why?**