PRENATAL AUDIT TOOL

HEALTH CENTRE: _____

KEY: D - Done, N - Needs to be Reviewed, N/A - Not Applicable

PAGE 1 as per NWT Prenatal Record

Identification	Consent	Previous Pregnancies	Health History	Family/ Genetic History	Social History	Present Pregnancy	Clinical Dating	Revised/ Confirmed EDD	Initial Physical Exam	Medications	Allergies	Signature &Date	Notation in Chart

PRENATAL AUDIT TOOL

HEALTH CENTRE: _____

KEY: D - Done, N - Needs to be reviewed, N/A - Not Applicable

PAGE 2 as per NWT Prenatal Record

ID	Lab Results& Dates	Infection screening	PP imm	U/S Studies	Confirm EDD	Clinical Visits	Risk factors to Anticipate	Referr Plan	Init/ RTC date

PAGES 3 AND 4 as per NWT Prenatal Record

ID	Risk Eval. Pre-Preg. (Part A)	Risk Eval. OBS Hx (Part B)	Risk Eval. Current Preg. (Part C)	Total Risk Scores (A+B+C)	Graph Complete	24 Hr Food Recall	T-ACE	Health Promo Topics	Remarks

Audited by: _____ Date: _____ Discussed with NIC (Date): _____

Revised September 2005