

REFUGEE EXPECTANT MOTHER'S DATA SHEET

(to be completed in block letters)

Name:.....

Place of birth:..... Country
.....municipality

Date of birth: year month day

Mother's name:

Contact details (phone).....

Residence in Hungary: municipality
..... postcode street house number/..... floor/door

Host institution (if any):

Point of obstetric-gynaecological outpatient care, according to place of (temporary) stay:

name:

address: municipality,street,number
phone number:

Obstetrics and gynaecology hospital, according to your place of (temporary) stay:

name:

address: municipality,street,number
phone number:

General practitioner responsible for your place of (temporary) stay:

Location of Surgery:-.... **phone number:**

Surgery hours:

General practitioner's surgery in your place of residence:

location:

phone number:

First day of last menstrual period:year month day

Length of pregnancy (in weeks) at the time of first contact:

Number of known fetuses in the current pregnancy:

Expected date of delivery:year month day

Received care, until now, with pregnancy: yes no

Number of previous pregnancies: childbirth stillbirth spontaneous
abortion artificial miscarriage

STATE OF HEALTH OF EXPECTANT MOTHER:

Acute ailments, symptoms:

Chronic diseases, allergies:

Medication you take regularly:

Medication you take regularly are available: **yes** **no**

Communicable diseases survived:
.....
.....

Accidents, operations:.....
.....

Vaccinations:

Vaccinations against Covid:
.....

Pregnancy based on this anamnesis: **healthy,** **at risk**

Referral to a doctor: **necessary** **not necessary**

First contact has been made:

a local in-patient maternity hospital:.....

child welfare centre:.....

with a non-governmental/charitable, ecclesiastical aid organisation:.....

Date:

name of M/C health nurse:

signature:

basic registration number:

place of stamp: