1. Last Name	First Name	MI

2. Patient Number										

3. Date of Birth (MM/DD/YYYY)									
	Month		Day		Year				

4. Race ☐ American Indian or Alaska Native ☐ Asian
☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander
☐ Unknown ☐ White

5. Ethnic Origin ☐ Hispanic Cuban ☐ Hispanic Mexican American
☐ Hispanic Other ☐ Hispanic Puerto Rican
☐ Not Hispanic/Latino ☐ Unreported

6. Gender ☐ Female ☐ Male

7. County of Residence

N.C. Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section

MATERNAL PHYSICAL EXAMINATION

(See Instructions)

INITIAL PHYSICAL EXAMINATION **EXAM DATE:** **Detail Positive Findings Below**

PART A — SYSTEM

All items under system are normal ☐ Yes ☐ No
(If yes, proceed to Part B)

	Normal	Abnormal	Comments
Skin			
HENT			
Eyes			
Teeth			
Lymph Nodes			
Thyroid			
Lungs			
Heart			
Breasts-Nipples			
Abdomen			
Extremities			

PART B — PELVIC EXAM

All items under pelvic are normal ☐ Yes ☐ No
(If yes fill in cervix info and uterine size then proceed to Part C)

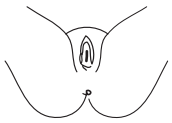
Vulva			
Bartholin, Skene's & Urethral Glands			
Perineum			
Vagina			
Cervix			
Adnexa			
Uterus			
Rectum			

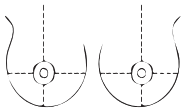
Cervix: Long/Closed/Posterior (L/C/P) — ☐ Yes ☐ No

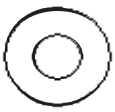
☐ Other_____

Uterine size_____

PART C — DIAGRAMS FOR ABNORMAL FINDINGS (PRN)







Assessment Exam WNL — ☐ Yes ☐ No S=D — ☐ Yes ☐ No

Other Assessments_____

Comments/Counseling _____

_____

_____

RTC_____

Examiner Signature: _____ Date: _____

Interpreter Used: ☐ N/A ☐ No ☐ Yes If yes interpreter's name: _____ Date: _____

DHHS 3964 (Revised 08/2018)
WCHS (Review 08/2021)

Instructions for Maternal Physical Examination

Purpose: To assess, document and evaluate health related information on the prenatal patient.

Instructions: Initial Physical Examination: Indicate whether within normal limits by placing your institution's appropriate acceptable abbreviation. Record any additional objective data as appropriate.

If all items under a section are normal you may check off the "yes" box and proceed to the next section. If anything in that section is abnormal then check the "no" box and fill out each item in that section individually.

- Physical — Self-explanatory
- Pelvic Exam — Self-explanatory
- Diagrams — Draw any positive findings as needed
- Detail Positive Findings Below — Explain pertinent information that may impact patient care whether or not a significant problem
- Assessment — Check off if exam is "Within Normal Limits" (WNL) and if "Size equal Dates" (S=D)
- Other Assessment — Write in any other findings/assessments
- Comments/Counseling — use this space for any other comments or specific counseling given client as a result of findings during physical examination. If you are using a progress note for extra notes document here "see progress note"
- Return to Clinic (RTC) — indicate the date or the number of weeks the patient is to return for next appointment
- Examiner Signature — Self explanatory
- Interpreter Used — Self explanatory

Disposition: This form is to be retained in accordance with the records disposition schedule of medical records as issued by the Division of Archives and History.

Location: Go to the following link to access this form and print as needed:
http://whb.ncpublichealth.com/provPart/forms.htm