

PATIENT DETAILS

CLINICIAN

First name:
Surname:
Address:
Post code: |_|_|_|_| City:
Country:
Tel.: |_|_|_|_|_|_|_|_|_|_|
Fax: |_|_|_|_|_|_|_|_|_|_|

Clinician's stamp

Date of ultrasound scan: Crown Rump Length: mm (45.0 - 84.0 mm)

BIOPHYSICAL MEASUREMENTS

PATIENT INFORMATION THAT AFFECTS THE RISK CALCULATION

Date of delivery of previous pregnancy :		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
		Term <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> WA		Baby's weight <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> g	
Previous preclampsia	<input type="checkbox"/> NO	<input type="checkbox"/> YES, in the patient		<input type="checkbox"/> YES, in the patient's mother	
Conception	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Ovarian stimulation		<input type="checkbox"/> IVF	
Chronic hypertension	<input type="checkbox"/> NO	<input type="checkbox"/> YES			
Diabetes	<input type="checkbox"/> NO	<input type="checkbox"/> Type I	<input type="checkbox"/> Type II	<input type="checkbox"/> Type II treated by insulin	
Systemic lupus erythematosus	<input type="checkbox"/> NO	<input type="checkbox"/> YES			
Antiphospholipid syndrome	<input type="checkbox"/> NO	<input type="checkbox"/> YES			

LABORATORY

Date and time of sampling: at hrs min

RECOMMENDATIONS

- The risk of pre-eclampsia is calculated in the 1st trimester of pregnancy (between 11.0 and 13.6 WA) and only in the context of a single-fetal pregnancy (current software).
- Blood pressure is ideally taken on both arms simultaneously, otherwise on one arm only.
- The biophysical measurements (ultrasound scan, doppler, arterial blood pressure) and sample collection must be taken as closely as possible to one another.

***This test is preeclampsia risk evaluation.
It is a screening test
and not a diagnostic test (possibility of
false positive or false negative)***

Patient's signature