



**Pregnancy Health Record (PHR)
Medical and Obstetric Issues and
Management Plan (Additional Page)**

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Medicare number:

Date of birth:

Antenatal Management Plan

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Birth Management Plan

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Postnatal Management Plan

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DO NOT WRITE IN THIS BINDING MARGIN

PHR – MEDICAL AND OBSTETRIC ISSUES AND MANAGEMENT PLAN



Clinician's name:	Designation:	Signature:	Date:
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