|  |  |  |
| --- | --- | --- |
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|  | Geburtshilfe  Anmeldung zur Geburt |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patientendaten** |  |  |  |
| Name |  | Adresse |  |
| evtl. Ledigname |  | PLZ/Ort |  |
| Vorname |  | Telefon |  |
| Geburtsdatum |  | E-Mail-Adresse |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Versicherung | Allgemein | Halbprivat | Privat | Flex |

|  |  |  |  |
| --- | --- | --- | --- |
| **Grav** | **Para** | **LP** | **ET** |
|  |  |  |  |
| **Besonderheiten** | | | |
| keine | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| **Frühere SS / Geburten** | | | |
|  | | | |
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|  | | | |
| **Medikamente** | | | |
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| --- | --- | --- | --- |
| **BG** | **Rh** | **Anti-D** Datum | **NIPT auf kindliche Blutgruppe** |

|  |  |  |
| --- | --- | --- |
| **Rötelnimmunität** | | |
| neg | pos | Titer: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Hepatitis B** |  |  |  |
| HBs AG neg | HBs AG pos | HBc AK pos | Anti-HBs-AK Titer |

|  |  |  |  |
| --- | --- | --- | --- |
| **Varizellen** |  |  |  |
| anamn. VZV durchgemacht, 2x geimpft, VZV AK pos | | VZV AK neg | |

|  |  |  |  |
| --- | --- | --- | --- |
| **HIV** | pos | neg |  |

|  |
| --- |
| **Weitere Befunde** |
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|  |  |  |
| --- | --- | --- |
| **Glucosetoleranz** | | |
| nü BZ  mmol/l | 75 g  norm | Patho -->  Diät  Insulin |

|  |  |  |  |
| --- | --- | --- | --- |
| **Gruppe B Strepto** |  |  |  |
| neg (32.-37. SSW) | pos | folgt später |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Kontrolle/Mitbeurteilung durch Frauenklinik erwünscht?** | | | |
| ja | nein |  |  | |

|  |
| --- |
| **Bemerkungen** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name Zuweiser |  | Datum |  |
| Adresse |  |  |  |

Besten Dank für Ihre Zuweisung. Bitte senden Sie die Anmeldung **an** [**frauenklinik@ksgr.ch**](mailto:frauenklinik@ksgr.ch).

**Serologieresultate bitte als Originalbefund mitsenden.**