	ID number			001					
2.	Age (years):								
3.	Pregnant (circle one): yes			no	0			unknown	
4.	LMP (day/month/year): / / 20								
5.	Gestation (number of prior Pregnancies):								
6.	Number of deliveries:								
7.	Reason seeking care (circle one):								
Inj	irv	Vaginal bleeding	Pelvic/abdomina pain		dise	/aginal charge or d leakage		Delivery	
Other:									
8. Suspected diagnosis – to be completed during initial evaluation (circle all that apply)									
Multiple		Breech		Transvers		Fetal demise		Ectopic	
gestation		Dieecii		Transvers	oc .	i ctai deimse		pregnancy	
Single gestation		Vertex	Vertex Placenta		orevia	Normal labor		Other:	
9. Would an ultrasound study be performed, if available (circle one)? Yes									
cesarean section /vaginal delivery								dmitted to ward	
Other:									
11. If the patients had a "cesarean section" or "vaginal delivery" what occurred (circle all that apply):									
Live birth Still birth			Single gestation birth			ultiple gestation rth			
Breech presentation Vertex presentation			entation	Bleeding complications			Maternal death		
Other	•				•				