



Heartland  
Pathology  
Consultants, PC

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### HISTORY FOR PLACENTAL EXAMINATION

Patient Name: \_\_\_\_\_ Date & Time of Delivery: \_\_\_\_\_

Parity: G [ ] P [ ] Ab [ ]

Prenatal History: \_\_\_\_\_

Delivery History: \_\_\_\_\_

#### Clinically Evident Placental Abnormality

Foul Smelling  Yes  No  
 Long Cord  Yes  No  
 Short Cord  Yes  No  
 Amnion Nodosum  Yes  No  
 Battledore  Yes  No  
 Velamentous/Marginal  
 Insertion  Yes  No

Succenturiate Lobe  Yes  No  
 Cord Knotting  Yes  No  
 Nuchal Cord  Yes  No  
 Placental Abruption  Yes  No  
 Blood Loss \_\_\_\_\_  
 Other  Yes  No

#### Infant History:

Sex(s)  Male  Female **Twin**  No  Yes  
 Estimated Gestational Age \_\_\_\_\_  
 Weight(s) #1 \_\_\_\_\_ #2 \_\_\_\_\_  
 Length(s) #1 \_\_\_\_\_ #2 \_\_\_\_\_  
 APGARs #1 \_\_\_\_\_ #2 \_\_\_\_\_  
 Fetal Distress  No  Yes

#### Maternal History:

Diabetes  Yes  No  
 Pregnancy-Induced Hypertension  Yes  No  
 Stillbirths  No  Yes (If Yes, Explain) \_\_\_\_\_  
 Congenital Anomalies  No  Yes (If Yes, Describe) \_\_\_\_\_  
 Suspected Infection  No  Yes

Why is placenta sent for examination? \_\_\_\_\_

Date \_\_\_\_\_

Physician Signature \_\_\_\_\_