**重点孕妇登记随访本**

**姓名:**  **年龄:**  **孕次:**  **产次:**  **预产期:**  **公民身份证号码**:  **编号:** \_\_\_\_\_\_\_\_\_\_

**孕妇电话:**  **丈夫电话:**  **居住地址:**  **户籍: 本市**  **省内**  **省外**

**孕周：**  **高危因素 :**  **风险等级: 红**  **橙**  **黄**  **紫**  **确诊单位:**  **建档时间:**

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| 日期 | 孕周 | 高危因素 | 处理意见 | 转归及转诊情况 | 预约时间 | 医生签字 |
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