

NAME: CYNTHIA WILLIAMS

DOB: 05/06/xx



DATE: Today

NAME Cynthia Williams

DOB: 05/06/xx

ID# 123456 INT HOSP OF DELIVERY Covenant INT DELIVERY PROVIDER Dr. Baby Delivery

NEWBORN'S PHYSICIAN Dr. Baby Dear REFERRED BY \_\_\_\_\_

PRIMARY CARE PROVIDER \_\_\_\_\_ ADDRESS **COVENANT MEDICAL GROUP, 3420 22<sup>ND</sup> PLACE**

BIRTH DATE: 05/06/XX	AGE: 31	RACE: Hispanic	MARITAL STATUS: Married
ADDRESS 129824 South Lane, Littletown, TX 34976			
OCCUPATION: Retail Sales	PHONE (123)-345-6789		
EDUCATION: High School	PHONE (O)		
LANGUAGE: English	PHONE (M)		
ETHNICITY: Latin American			
HUSBAND/DOMESTIC PARTNER: Brian Williams		PHONE: 123-456-7890	
FATHER OF BABY: Same		PHONE	
EMERGENCY CONTACT: Brian Williams		PHONE (123) 345-8206	
INSURANCE CARRIER/MEDICAID # BCBS Texas		POLICY #97531246	

**KEY CLINICAL INFORMATION**

**G3 P2 FINAL EDD: 8/10/XX**

TOTAL PREG	FULL TERM	PREMATURE	AB INDUCED	AB SPONT.	ECTOPICS	MULT. BIRTHS	LIVING
3	2	0	0	0	0	0	1

IS BLOOD TRANSFUSION ACCEPTABLE: YES	ANTEPARTUM ANESTHESIA CONSULT PLANNED: YES	LATEX ALLERGY: NO
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**ALLERGIES**

**Morphine**

**PROBLEMS**

- Abnormal Glucose Tolerance Test
- Previous Pregnancy Induced Hypertension
- Stillbirth previous pregnancy
- Maternal Obesity
- Postpartum Depression

**MEDICATION LIST**

PNV-Nature Made Prenatal Multi + DHA
Acetaminophen
Sudafed
Novolog by sliding scale

**EDD CONFIRMATION**

**EDD:**

US 5/19/XX 28wGA, CRL 37.6 cm EFW 1319 gm	
US 3/24/XX 20wGA, CRL 25.7 cm, no abnormalities	
US 12/30/XX 8-0wGA 15mm CRL Cardiac activity	8/10/XX * FINAL
LMP 11/3/XX	8/10/XX

**IMMUNIZATIONS**

Immunization	Prenatal Snapshot	Last Admin	Admin Postpartum
Influenza		12/30/XX	
TDAP		2/6/XX	
MMR			
Varicella			
HPV			
Hepatitis A			
Hepatitis B			
Pneumococcal			
Meningococcal			
TD			

**MENSTRUAL HISTORY**

LMP	N DEFINITE: 11/3/XX	MENSES MONTHLY	<input checked="" type="radio"/> YES <input type="radio"/> NO	FREQUENCY	Q 28	DAYS
	N UNKNOWN	ON BC AT CONCEPT	<input type="radio"/> YES <input checked="" type="radio"/> NO	MENARCHE	12	(AGE ONSET)
	N FINAL	PRIOR MENSES	<input type="radio"/> YES <input type="radio"/> NO	hCG+	12/2/XX	
	N APPROXIMATE (MONTH KNOWN)					
	N NORMAL AMOUNT/DURATION					

**PAST PREGNANCIES**

6/25/XX	39w Difficult delivery IUFD	Covenant	"Emily" Stillborn
3/19/XX	38w Forceps Delivery 10 #	Covenant	"Michael"

**SUBSTANCE USE**

	AMT PRE-PREG.	AMT PREG	# YRS USED
<b>TOBACCO</b>	Denies		
<b>ALCOHOL</b>	Denies		
<b>ILLICIT/RECREATIONAL DRUGS</b>	Denies		

**MEDICAL HISTORY**

	0 Neg + Pos	DETAIL POSITIVE REMARKS INCLUDE DATA & TREATMENT
1. DIABETES	+	ABNORMAL DIABETES SCREEN AND GTT
2. HYPERTENSION	+	PREVIOUS PREGNANCY; MATERNAL GM
3. HEART DISEASE		
4. AUTOIMMUNE DISORDER		
5. KIDNEY DISEASE/UTI		
6. NEUROLOGIC/EPILEPSY		
7. PSYCHIATRIC		
8. DEPRESSION/PPD	+	PREVIOUS STILLBIRTH
9. HEPATITIS/LIVER FAILURE		
10. VARICOSITIES/PHLEBITIS		
11. THYROID DYSFUNCTION		
12. TRAUMA/VIOLENCE		
13. HISTORY OF BLOOD TRANS.		
14. HEMATOLOGIC DISORDERS		
15. GASTROINTESTINAL DISORDERS		
16. DERMATOLOGIC DISORDERS		
17. D (Rh) SENSITIZED		
18. PULMONARY (TB ASTHMA)		
19. SEASONAL ALLERGIES		
20. DRUG/LATEX ALLERGIC REACTIONS		
21. BREAST		
22. GYN SURGERY		
23. OPERATIONS/HOSPITALIZATIONS (YEAR & REASON)	+	2 SVD IN XX & XX (STILLBIRTH)
24. ANESTHETIC COMPLICATIONS		
25. HISTORY OF ABNORMAL PAP		
26. UTERINE ANOMALY (DES)		
27. INFERTILITY		
28. ART THERAPY		
29.PREGNANCY COMPLICATIONS	+	GESTATIONAL DIABETES, PREVIOUS PIH
30. CANCER		
31. RELEVANT FAMILY HISTORY		
32. OTHER		

**GENETIC SCREENING/TERATOLOGY COUNSELING**

INCLUDES PATIENT, BABY'S FATHER OR ANYONE IN EITHER FAMILY WITH:

	YES	NO
1. PATIENT'S AGE 35 YEARS OR OLDER AS OF ESTIMATED DATE OF DELIVERY		
2. THALASSEMIA (ITALIAN, GREEK, MEDITERRANEAN, OR ASIAN BACKGROUND); MCV LESS THAN 80		X
3. NEURAL TUBE DEFECT (MENINGOMYLOCELE, SPINA BIFIDA, OR ANENCEPHALY)		X
4. CONGENITAL HEART DEFECT		X
5. DOWN SYNDROME		X
6. TAY-SACHS (ASHKENAZI JEWISH, CAJUN, FRENCH CANADIAN)		X
7. CANAVAN DISEASE (ASHKENAZI JEWISH)		X
8. FAMILIAL DYSAUTONOMIA (ASHKENAZI JEWISH)		X
9. SICKLE CELL DISEASE OR TRAIT (AFRICAN)		X
10. HEMOPHILIA OR OTHER BLOOD DISORDERS		X
11. MUSCULAR DYSTROPHY		X
12. CYSTIC FIBROSIS		X
13. HUNTINGTON'S CHOREA		X
14. INTELLECTUAL DISABILITY OR AUTISM SPECTRUM DISORDER		X
IF YES, WAS PERSON TESTED FOR FRAGILE X		X
15. OTHER INHERITED GENETIC OR CHROMOSOMAL DISORDER		X
16. MATERNAL METABOLIC DISORDER (EG. TYPE 1 DIABETES, PKU)		X
17. PATIENT OR BABY'S FATHER HAD A CHILD WITH BIRTH DEFECTS NOT LISTED ABOVE		X
18. RECURRENT PREGNANCY LOSS OR A STILLBIRTH		X
19. MEDICATIONS (INCLUDING SUPPLEMENTS, VITAMINS, HERBS OR OTC DRUGS)/ILICIT/RECREATIONAL DRUGS/ALCOHOL SINCE LAST MENSTRUAL PERIOD		X
IF YES, AGENT(S) AND STRENGTH DOSAGE TYLENOL, SUDAFED		X
20. ANY OTHER (SEE COMMENTS)	X	

**INFECTION HISTORY**

YES NO

YES NO

1. LIVE WITH SOMEONE WITH TB OR EXPOSED TO TB		X	7. CHLAMYDIA		X
2. PATIENT OR PARTNER HISTORY OF GENITAL HERPES		X	8. HPV		X
3. RASH OR VIRAL ILLNESS SINCE LMP		X	9. HIV		X
4. PRIOR GBS INFECTED CHILD		X	10. SYPHILIS		X
5. HEPATITIS B, C		X	11. OTHER STI		X
6. GONORRHEA		X	12. OTHER (SEE COMMENTS)		X

**PSYCHOSOCIAL SCREENING**

RESULT

DETAIL

1. HAVE YOU USED DRUGS OR ALCOHOL DURING THIS PREGNANCY?	NO	
2. HAVE YOU HAD A PROBLEM WITH DRUGS OR ALCOHOL IN THE PAST?	NO	
3. DOES YOUR PARTNER HAVE A PROBLEM WITH DRUGS OR ALCOHOL?	NO	
4. DO YOU CONSIDER ONE OF YOUR PARENTS TO BE AN ADDICT OR ALCOHOLIC?	NO	

5. ARE YOU EXPOSED TO SECONDHAND SMOKE IN ENCLOSED SPACES OR VEHICLES?	NO	
6. ARE YOU AFRAID OF YOUR PARTNER?	NO	
7. IN THE LAST YEAR, HAS YOUR PARTNER HIT, KICKED, PUNCHED OR OTHERWISE HURT YOU?	NO	
8. IN THE LAST YEAR, HAS YOUR PARTNER PUT YOU DOWN, HUMILIATED YOU OR TRIED TO CONTROL WHAT YOU DO?	NO	
9. IN THE LAST YEAR, HAS YOUR PARTNER THREATENED TO HURT YOU?	NO	

**INITIAL PHYSICAL EXAMINATION**

DATE: 12/30/XX

WEIGHT: 180LBS

HEIGHT: 62in

PRE-PREGNANCY BMI: 35

BP: 120/78

1. HEENT	N NORMAL	N ABNORMAL	
2. FUNDI	N NORMAL	N ABNORMAL	
3. TEETH	N NORMAL	N ABNORMAL	
4. THYROID	N NORMAL	N ABNORMAL	
5. BREASTS	N NORMAL	N ABNORMAL	
6. LUNGS	N NORMAL	N ABNORMAL	
7. HEART	N NORMAL	N ABNORMAL	
8. ABDOMEN	N NORMAL	N ABNORMAL	
9. EXTREMITIES	N NORMAL	N ABNORMAL	
10. SKIN	N NORMAL	N ABNORMAL	
11. LYMPH NODES	N NORMAL	N ABNORMAL	
12. VULVA	N NORMAL	N CONDYLOMA	N LESIONS
13. VAGINA	N NORMAL	N INFLAMMATION	N DISCHARGE
14. CERVIX	N NORMAL	N INFLAMMATION	N LESIONS
15. UTERUS SIZE	WEEKS 8		N FIBROIDS
16. ADNEXA	N NORMAL	N MASS	
17. RECTUM	N NORMAL	N ABNORMAL	N DEFERRED
18. DIAGONAL CONJUGATE	N REACHED	N NO	CM 10.1CM
19. SPINES	N AVERAGE	N PROMINENT	N BLUNT
20. SACRUM	N CONCAVE	N STRAIGHT	N ANTERIOR
21. SUBPUBIC ARCH	N NORMAL	N WIDE	N NARROW
22. GYNECOID PELVIC TYPE	N YES	N NO	

EXAMINED BY: BD

## VISITS

EXAM	WKS	FUND	PRES	FETAL	FTL	CERVIX	BP	WT	URINE	EDEMA	NEXT	PROVIDER
DATE	GEST	HGT		HRT RT	MVT	Dil/eff/st		Lbs	Prt/glu		Appt	comments
7/24	38	39	vtx	148	+	3/80/0	146/94	216	2+/N	Hands, feet, face 2+	1 wk	For induction next week. POC discussed. FKC, Warning signs discussed
7/17	37	38.5	vtx	132	+	2-3/80/0	138/89	214.5	2+/N	Hands, feet	1 wk	Continue bedrest. POC discussed. FKC, warning signs discussed
7/10	36	38	vtx	136	+	2/25/0	136/88	214	2+/N	Hands, feet	1 wk	Continue bedrest. POC discussed. FKC, warning signs discussed
7/3	35	37	vtx	130	+	2/75/-1	144/94	213	2+/N	Hands, feet	1 wk	Continue bedrest. POC discussed. FKC, warning signs discussed. NSTs 2x per week
6/26	34	36	vtx	130	+	1cm	140/88	211	1+/N	Hands, feet	1 wk	B/P up. Protein in urine. Bedrest. POC discussed. FKC, warning signs discussed.
6/19	33	35	vtx	138	+	1cm/thick/b	136/90	209	1+/N	Hands, feet	1 wk	No c/o. POC discussed. FKC, warning signs discussed. NST today
6/12	32	34	vtx	132	+	1cm	138/88	207	Tr/N	Ankles	1 wk	Reports BH. POC discussed. FKC, warning signs discussed. PIH warning signs discussed.
6/5	31	32.5	vtx	138	+	C	134/90	204	Tr/N	_____	1 wk	POC discussed. FKC, warning signs discussed
5/29	30	31	vtx	126	+	C	136/88	202	Tr/N	_____	1 wk	Begin Novolog insulin sliding scale. Extensive education given. MFM consult
5/22	29	30	vtx	132	+	_____	132/86	201	Tr/1+	_____	1 wk	GTT abnormal. Gestational diabetes. Nutritionist referral. BS checks ac meals, am & hs.
5/15	28	29	vtx	128	+	C	130/84	198	Tr/1+	_____	1 wk	US today. POC discussed. For glucose screen today. Rhogam given left gluteal dorsal.
5/2	26	26.5	vtx	154	+	-----	128/76	197	N/1+	-----	2 wk	No c/o. Glucose screen next visit
4/17	24	25	vtx	142	+	-----	132/78	195	N/1+	ankles	2 wk	Cautioned on weight gain. POC discussed. Warning signs given. FKC instructions given.
4/4	22	22	-----	136	+	-----	132/80	191	N/N	-----	2 wk	POC discussed. Warning signs given
3/21	20	20	-----	148	+	-----	130/80	189	N/N	-----	2 wk	US today
3/7	18	18	-----	138	+	-----	128/74	187	N/N	-----	2 wk	MSAFP today.
2/21	16	15	-----	136	-----	-----	122/66	185	N/N	-----	2 wk	No fetal movement felt by pt. yet.
2/9	14	13.5	-----	148	-----	-----	122/70	183	N/N	-----	2 wk	Doing well. No c/o. POC discussed.
1/26	12	12	-----	160	-----	-----	118/68	182	N/N	-----	2 wk	Doing well. No c/o
1/12	10	-----	-----	158	-----	-----	116/74	181	N/N	-----	2 wk	Doing well. No c/o.
12/30	8	-----	-----	156	-----	-----	120/78	180	N/N	-----	2 wk	New OB visit. Labs drawn. Discussed genetic screening. High risk pregnancy. Previous stillbirth. Extensive teaching. POC discussed

## ROUTINE PRENATAL DIAGNOSTIC RESULTS

INITIAL LABS	DATE	RESULT	OB ALERT	REVIEWED
BLOOD TYPE	12/30	O		
D (Rh TYPE)		NEGATIVE		
ANTIBODY SCREEN		NEGATIVE		
HCT/HGB		31 % 10.2 g/dl		
MVC		86 fl		
PLATELETS		184 10 <sup>3</sup> u/L		
PAP TEST		NEG		
VARICELLA				
RUBELLA		IMMUNE		
VDRL/RPR		NON-REACTIVE		
TREPONEMAL		NON-REACTIVE		
URINE CULTURE/SCREEN		WDL		
HBsAg		NEGATIVE		
HIV COUNSELING/TESTING CHECK STATE REQUIREMENTS BEFORE RECORDING RESULTS		NEGATIVE		
ULTRASOUND				

OPTIONAL LABS	DATE	RESULT	OB ALERT	REVIEWED
HEMOGLOBIN ELECTROPHORESIS		AA AS SS AC SC AF A2 POS NEG. DECLINED		
PPD				
CHLAMYDIA		NEGATIVE		
GONORRHEA		NEGATIVE		
HCV ANTIBODY				
HCV RNA				
CYSTIC FIBROSIS				
TAY-SACHS				
FAMILIAL DYSAUTONOMIA				
HEMOGLOBIN				
GENETIC SCREENING TESTS See form B				
TSH		mU/L		
DIABETES SCREEN				
DEPRESSION SCREENING		POSITIVE		
ZIKA VIRUS IgM				
ZIKA VIRUS PCR				

8-20 WEEK LABS (when indicated/elected)	DATE	RESULT	OB ALERT	REVIEWED
ULTRASOUND				
CELL FREE DNA SCREENING				
1 <sup>ST</sup> TRIMESTER ANIUPLOIDY RISK ASSESSMENT				
INTEGRATED 1 <sup>ST</sup> AND 2 <sup>ND</sup> TRIMESTER SCREENING				
MSAFP	3/7	NEGATIVE		
2 <sup>ND</sup> TRIMESTER SERUM SCREENING				
AMNIO/CVS				
KARYOTYPE				
AMNIOTIC FLUID (AFP)				
ANTI-D IMMUNE GLOBULIN				

24-28 WEEK LABS (when indicated)	DATE	RESULT	OB ALERT	REVIEWED
HCT/HGB	5/15	29% 9.4 g/dl		
MCV		fl		
PLATELETS	5/15	148 10 <sup>3</sup> u/L		
DIABETES SCREEN	5/15	186		
GTT (IF SCREEN ABNORMAL)	5/15	94 192 176 158	!	
ANTIBODY SCREEN	5/15	NEGATIVE		
ANTI-D IMMUNE GLOBULIN (RhIG) given (28 weeks or >)	5/15	1500 IU GIVEN IN L GLUTEAL DORSAL		
HIV (WHEN INDICATED 28 WKS >)		NEGATIVE		
VDRL/RPR (WHEN INDICATED 28 WKS >)		NEGATIVE		
TREPONEMAL (WHEN INDICATED 28 WKS >)		NEGATIVE		
GONORRHEA (WHEN INDICATED 28 WKS >)				
CHLAMYDIA (WHEN INDICATED 28 WKS >)				

## 32-36 WEEK LABS (when indicated)

HCT/HGB		32 % 11 g/dl		
PLATELETS				
ULTRASOUND (when indicated)				
Group B STREP		NEGATIVE		