NAME: Sarah Rogers DOB: 1/15/XX

DATE 4/28/XX

NAME Sarah Rogers DOB: 1/15/xx

ID# 6243578 INT HOSP OF DELIVERY Covenant INT DELIVERY PROVIDER Dr. Baby Delivery

NEWBORN'S PHYSICIAN Dr. Baby Dear REFERRED BY Alice Jones

PRIMARY CARE PROVIDER Dr. Kristi Keeper ADDRESS **COVENANT MEDICAL GROUP, 3420 22ND PLACE**

BIRTH DATE: 1/15/XX	AGE: 23	RACE: Mixed	MARITAL STATUS: Married
ADDRESS: 2627-25th Lubbock, TX 79416			
OCCUPATION: Housewife		PHONE (806) 797-8123	
EDUCATION: High School		PHONE (O) none	
LANGUAGE: English		PHONE (M) (806) 797-8123	
ETHNICITY: Mixed			
HUSBAND/DOMESTIC PARTNER: Greg Rogers		PHONE: (806) 797-8124	
FATHER OF BABY: Greg Rogers		PHONE:	
EMERGENCY CONTACT: Bridgett Black		PHONE: (806) 745-4556	
INSURANCE CARRIER/MEDICAID # Star Care		POLICY # 31246789	

KEY CLINICAL INFORMATION

G 1 P 0 FINAL EDD:

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

IS BLOOD TRANSFUSION ACCEPTABLE: Yes	ANTEPARTUM ANESTHESIA CONSULT PLANNED:	LATEX ALLERGY: No

ALLERGIES

NKDA

PROBLEMS

Breech presentation at 34 weeks

NAME: Sarah Rogers DOB: 1/15/XX

PNV-Nature Made Prenatal Multi + DHA
Tylenol
Sudafed

MEDICATION LIST

EDD CONFIRMATION **EDD**

US 9/15/XX 28wGA, CRL 37.6 cm EFW 1365 gm	
US 7/21/XX 20wGS CRL 27.2 cm, no abnormalities	12/8/XX Final
US 4/28/XX 8wGS GA positive fetal cardiac activity	12/8/XX
LMP 3/2/XX	12/8/XX

IMMUNIZATIONS

Immunization	Prenatal Snapshot	Last Admin	Admin Postpartum
Influenza		9/29/XX	
TDAP			
MMR		Immune	
Varicella			
HPV			
Hepatitis A			
Hepatitis B			
Pneumoccocal			
Meningococcal			
TD			

MENSTRUAL HISTORY

LMP	N DEFINITE: 3/2/XX	MENSES MONTHLY	N YES N NO	FREQUENCY Q 34	DAYS
	N UNKNOWN	ON BC AT CONCEPT	N N NO	MENARCHE	(AGE ONSET)
	N FINAL	PRIOR MENSES	N DATE	hCG+ 4/20/XX	
	N APPROXIMATE (MONTH KNOWN)				
	N NORMAL AMOUNT/DURATION				

PAST PREGNANCIES

SUBSTANCE USE

	AMT PREPREG.	AMT PREG	# YRS USED
TOBACCO	**Denies**	**Denies**	
ALCOHOL	**Occasional**	**None**	
ILLICIT/RECREATIONAL DRUGS	**Denies**	**Denies**	

MEDICAL HISTORY

NAME: Sarah Rogers DOB: 1/15/XX

	0 Neg + Pos	DETAIL POSITIVE REMARKS INCLUDE DATA & TREATMENT
1. DIABETES	+	Maternal Grandfather
2. HYPERTENSION	+	Maternal Grandmother
3. HEART DISEASE	+	Paternal Grandmother
4. AUTOIMMUNE DISORDER		
5. KIDNEY DISEASE/UTI		
6. NEUROLOGIC/EPILEPSY		
7. PSYCHIATRIC		
8. DEPRESSION/PPD		
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	+	Mother, Aunt
22. GYN SURGERY		
23. OPERATIONS/HOSPITALIZATIONS (YEAR & REASON)	+	Tonsillectomy & Adenoidectomy age 3
24. ANESTHETIC COMPLICATIONS		
25. HISTORY OF ABNORMAL PAP		
26. UTERINE ANOMALY (DES)		
27. INFERTILITY		
28. ART THERAPY		
29.PREGNANCY COMPLICATIONS		
30. CANCER	+	Paternal Grandfather colon
31. RELEVANT FAMILY HISTORY		

32. OTHER		

NAME: Sarah Rogers DOB: 1/15/XX

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		X
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 CHORMOSOMAL 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)/ILLICIT/RECREATIONAL DRUGS/ALCOHOL SINCE LAST MENSTRUAL PERIOD		X
IF YES, AGENT(S) AND STRENGTH DOSAGE: Tylenol, Sudaged		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 HAS 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

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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 SECOND HAND 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 4/2/xx **WEIGHT** 148 lbs. **HEIGHT** 65" **PRE-PREGNANCY BMI** 24.5 **BP** 116/68

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	9 WEEKS		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

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VISITS

EXAM DATE	WKS GEST	FUND HEIGHT	PRES	FETAL HRT RT	FETAL MVMT	CERVIX Dil/eff/st	BP	WT Lbs	URINE Prt/glu	EDEMA	NEXT Appt	PROVIDER comments
10/27/XX	34	35.5	Breech	140	+	C/Th/Flt	130/76	175	N/N	-	2 wks.	Cautioned on weight gain. Fetal position breech. Discussed exercises to assist with fetal rotation. Discussed possible version at 36 wks. if breech position continues
10/13XX	32	33.5	Breech	144	+	-	128/74	168	N/N	-	2 wks.	Concerned about continued breech presentation
9/29/XX	30	30	-	148	+	-	126/76	166	N/N	-	2 wks.	Discussed childbirth and breastfeeding classes.
9/15/XX	28	28	-	150	+	-	130/78	164	N/N	-	2 wks.	US today. Est Fetal wt. 3 lbs., breech position Glucose screen today.
8/18/XX	24	24	-	152	+	-	124/76	160	N/N	-	4wks.	Doing well. No c/o. FKC instructions given.
7/21/XX	20	Umb	-	156	+	-	128/72	156	N/N	-	4wks.	Cautioned on weight gain. US today.
6/23/XX	16	16	-	160	-	-	124/64	150	N/N	-	4wks.	MSAFP today.
5/26/XX	12	Syn	-	162	-	-	112/58	147	N/N	-	4wks.	N&V improving
4/28/XX	8	-	-	164	-	C/Th/H	116/68	148	N/N	-	4wks.	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	4/28/XX	**O**		
D (Rh TYPE)		**+**		
ANTIBODY SCREEN				
HCT/HGB		42 **%** 14 **g/dl**		
MVC		86		
PLATELETS		280		
PAP TEST		NEGATIVE		
VARICELLA		NEGATIVE		
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				

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OPTIONAL LABS	DATE	RESULT	OB ALERT	REVIEWED
HEMOGLOBIN ELECTROPHORESIS		AA AS SS AC SC AF A2 POS NEG. DECLINED		
PPD				
CHLAMYDIA	4/28/XX	NEGATIVE		
GONORRHEA	4/28/XX	NEGATIVE		
HCV ANTIBODY				
HCV RNA				
CYSTIC FIBROSIS				
TAY-SACHS				
FAMILIAL DYSAUTONOMIA				
HEMOGLOBIN				
GENETIC SCREENING TESTS See form B				
TSH		3.6 mU/L		
DIABETES SCREEN				
DEPRESSION SCREENING		NEGATIVE		
ZIKA VIRUS IgM				
ZIKA VIRUS PCR				

8-20 WEEK LABS (when indicated/elected) **DATE**		**RESULT**	**OB ALERT**	**REVIEWED**
ULTRASOUND	7/21/XX	20wGS no abnormalities		
CELL FREE DNA SCREENING				
1ST TRIMESTER ANIUPLOIDY RISK ASSESSMENT				
INTEGRATED 1ST AND 2ND TRIMESTER SCREENING				
MSAFP	6/23/XX	NEGATIVE		
2ND TRIMESTER SERUM SCREENING				
AMNIO/CVS				
KARYOTYPE				
AMNIOTIC FLUID (AFP)				
ANTI-D IMMUNE GLOBULIN				

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24-28 WEEK LABS (when indicated)	**DATE**	**RESULT**	**OB ALERT**	**REVIEWED**
HCT/HGB	9/15/XX	39 **%** 13 **g/dl**		
MCV		**fl**		
PLATELETS		185 **10*3 u/l**		
DIABETES SCREEN		110		
GTT (IF SCREEN ABNORMAL)				
ANTIBODY SCREEN				
ANTI-D IMMUNE GLOBULIN (RhIG) given (28 weeks or >)				
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	10/13/XX	37.5 **%** 12.5 **g/dl**		
PLATELETS				
ULTRASOUND (when indicated)				
Group B STREP	10/13/XX	NEGATIVE		