

NAME: Alice Jones

DOB: 12/15/XX

DATE Today

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ID# 4567238 INT HOSP OF DELIVERY Covenant INT DELIVERY PROVIDER Dr. Baby Delivery

NEWBORN'S PHYSICIAN Dr. Baby Dear REFERRED BY Sister-Janice Berry

PRIMARY CARE PROVIDER Dr. Bob Hope ADDRESS COVENANT MEDICAL GROUP, 3420 22ND PLACE

BIRTH DATE: 12/15/XX	AGE: 24	RACE: Caucasian	MARITAL STATUS: Married
ADDRESS 6125-84 th Lubbock, TX 79424			
OCCUPATION: Teacher	PHONE: (806) 325-6742		
EDUCATION: BS	PHONE: (O) (806) 445-6262		
LANGUAGE: English	PHONE: (M) (806) 325-6742		
ETHNICITY: Non-Hispanic			
HUSBAND/DOMESTIC PARTNER: Tom Jones		PHONE: (806) 325-6741	
FATHER OF BABY:		PHONE:	
EMERGENCY CONTACT: Mo Henning - mother		PHONE: (806) 368-2462	
INSURANCE CARRIER/MEDICAID # First Care		POLICY # 53124678	

KEY CLINICAL INFORMATION

G2 P1 FINAL EDD:

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

IS BLOOD TRANSFUSION ACCEPTABLE: <u>Yes</u>	ANTEPARTUM ANESTHESIA CONSULT PLANNED:	LATEX ALLERGY: <u>No</u>
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ALLERGIES

Penicillin

PROBLEMS

Group B Strep +

PNV-Nature Made Prenatal Multi + DHA

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Acetaminophen
Ibuprofen

MEDICATION LIST

EDD CONFIRMATION

EDD

US 10/28/XX 20wGS CRL 26.7 cm, no abnormalities	3/27/XX Final
FA - 10/12/XX 18w GA positive fetal movement	
LMP 6/20/XX	3/27/XX

IMMUNIZATIONS

Immunization	Prenatal Snapshot	Last Admin	Admin Postpartum
Influenza		10/15/XX	
TDAP			
MMR			
Varicella			
HPV			
Hepatitis A			
Hepatitis B			
Pneumococcal			
Meningococcal			
TD			

MENSTRUAL HISTORY

LMP	N DEFINITE: 6/20/XX	MENSES MONTHLY	<input checked="" type="radio"/> YES <input type="radio"/> NO	FREQUENCY Q 32	DAYS
	N UNKNOWN	ON BC AT CONCEPT	N <input checked="" type="radio"/> NO	MENARCHE 12	(AGE ONSET)
	N FINAL	PRIOR MENSES	N DATE	hCG+ 7/31/XX	
	N APPROXIMATE (MONTH KNOWN)				
	N NORMAL AMOUNT/DURATION				

PAST PREGNANCIES

8/17/XX	39 5/7w VD, Epidural, 9 lbs. 8 oz.	Covenant	"Jerry"

SUBSTANCE USE

	AMT PREPREG.	AMT PREG	# YRS USED
TOBACCO	Denies	Denies	
ALCOHOL	Denies	Denies	
ILLICIT/RECREATIONAL DRUGS	Denies	Denies	

MEDICAL HISTORY

	0 Neg + Pos	DETAIL POSITIVE REMARKS INCLUDE DATA & TREATMENT
1. DIABETES	+	Paternal grandmother, aunt
2. HYPERTENSION		
3. HEART DISEASE	+	Paternal grandfather
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)	+	Asthma since childhood
19. SEASONAL ALLERGIES		
20. DRUG/LATEX ALLERGIC REACTIONS		
21. BREAST		
22. GYN SURGERY		
23. OPERATIONS/HOSPITALIZATIONS (YEAR & REASON)	+	T & A age 3 Vaginal delivery
24. ANESTHETIC COMPLICATIONS		
25. HISTORY OF ABNORMAL PAP		
26. UTERINE ANOMALY (DES)		
27. INFERTILITY		
28. ART THERAPY		
29.PREGNANCY COMPLICATIONS		
30. CANCER		
31. RELEVANT FAMILY HISTORY		

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32. OTHER		
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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 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)/ILLCIT/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

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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 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 8/18/XX WEIGHT 130 HEIGHT 65" PRE-PREGNANCY BMI 21.6 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	10 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

VISITS

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EXAM	WKS	FUND	PRES	FETAL	FETAL	CERVIX	BP	WT	URINE	EDEMA	NEXT	PROVIDER
DATE	GEST	HEIGHT		HRT RT	MVMT	Dil/eff/st		Lbs	Prt/glu		Appt	comments
3/23/XX	39	38	Vertex	154	+	3/75%/-2	138/92	165	1+/N		1 wk.	Scheduled induction once past 40-41 wks.
3/16/XX	38	40	Vertex	159	+	2/75%/-2	130/88	163	Tr/N		1 wk.	Discussed patient's birth plan and desire for Natural Childbirth
3/9/XX	37	39	Vertex	161	+	1/50%/-3	128/86	161	Tr/N		1 wk.	Discussed S&S of labor, FKC
3/2/XX	36	38	Vertex	157	+	C/Th/-3	130/82	160	Tr/N		1 wk.	Group B Strep today
2/23/XX	35	37	Vertex	158	+	-	126/78	158	Tr/N		1 wk.	Reports Braxton hicks' contractions
2/16/XX	34	36	Vertex	148	+	-	124/76	157	N/N		2 wks.	Doing well. No c/o
2/2/XX	32	33	Breech	156	+	-	120/76	155	N/N	ankles	2 wks.	Pt. voiced concerns of breech presentation. Reassurance given plenty of time for infant to rotate.
1/19/XX	30	30	Breech	154	+	-	124/72	152	N/Tr	0	2 wks.	Discussed travel out of town by car. Advised frequent (q 2 hrs.) stops with several minute of walking
1/5/XX	28	28.5	Breech	156	+	-	118/68	149	N/N	0	2 wks.	Discussed wt. gain. Lab and Glucose screen schedule today. FKC instructions given.
12/8/XX	26	26	-	152	+	-	122/70	143	N/N	0	4 wks.	Doing well. No c/o
11/11/XX	22	22.5	-	158	+	-	116/64	141	N/N	0	4 wks.	Doing well. No c/o
10/13/XX	18	18	-	160	+	-	124/68	137	N/N	0	4 wks.	N&V resolved, FM 2 weeks, 20 wk. US scheduled
9/15/XX	14	14.5	-	164	-	-	120/58	133	N/N	0	4 wks.	N&V continues
8/18/XX	10	Syn	-	168	-	C/Th/H	118/64	130	N/N	0	4 wks.	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	8/18/XX	O		
D (Rh TYPE)		Positive		
ANTIBODY SCREEN				
HCT/HGB		41 % 13.7 g/dl		
MVC				
PLATELETS				
PAP TEST		NEGATIVE		
VARICELLA		NEGATIVE		
RUBELLA		IMMUNE		
VDRL/RPR		NON-REACTIVE		
TREPONEMAL		NON-REACTIVE		
URINE CULTURE/SCREEN		WDL		
HBsAg		NEGATIVE		

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HIV COUNSELING/TESTING <i>CHECK STATE REQUIREMENTS BEFORE RECORDING RESULTS</i>		NEGATIVE		
ULTRASOUND				

OPTIONAL LABS	DATE	RESULT	OB ALERT	REVIEWED
HEMOGLOBIN ELECTROPHORESIS		AA AS SS AC SC AF A2 POS NEG. DECLINED		
PPD				
CHLAMYDIA	8/18/XX	NEGATIVE		
GONORRHEA	8/18/XX	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		NEGATIVE		
ZIKA VIRUS IgM				
ZIKA VIRUS PCR				

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

24-28 WEEK LABS (when indicated)	DATE	RESULT	OB ALERT	REVIEWED
HCT/HGB	12/24/XX	40.5 % 13.5 g/dl		
MCV		fl		
PLATELETS		149 10 ³ u/l		
DIABETES SCREEN		109		

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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		39.6 % 13.2 g/dl		
PLATELETS				
ULTRASOUND (when indicated)				
Group B STREP		POSITIVE		