

NAME: Ashley Smith

DOB: 06/01/XX



DATE 8/11/XX

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ID# 345678 INT HOSP OF DELIVERY Covenant INT DELIVERY PROVIDER Dr. All Wright

NEWBORN'S PHYSICIAN Dr. Baby Dear REFERRED BY Friend, Cindi Williams

PRIMARY CARE PROVIDER Dr. Do Little ADDRESS **COVENANT MEDICAL GROUP, 3420 22ND PLACE**

BIRTH DATE: 06/01/XX	AGE: 15	RACE: Caucasian	MARITAL STATUS: Single
ADDRESS 2345-67 th Street Lubbock, Texas 79415			
OCCUPATION: Student	PHONE (123) 789-3456		
EDUCATION: 10th	PHONE (O)		
LANGUAGE: English	PHONE (M) Same		
ETHNICITY: Non-Hispanic White			
HUSBAND/DOMESTIC PARTNER: None		PHONE:	
FATHER OF BABY: Unknown		PHONE	
EMERGENCY CONTACT: Geraldine Smith (Mother)		PHONE (123) 789-3457	
INSURANCE CARRIER/MEDICAID #	Medicaid	POLICY # 98765432	

KEY CLINICAL INFORMATION

G1 P0 FINAL EDD: Estimated EDD by US 12/21/XX

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: Undecided	LATEX ALLERGY: No
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ALLERGIES

NKDA

PROBLEMS

Adolescent
Anemia
Late Prenatal Care

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MEDICATION LIST

Tylenol
PNV
Fe Supplement

EDD CONFIRMATION

EDD:

US 8/11/XX 20wGA, FL 3 mm, EFW 334 g	12/21/XX
LMP Unknown - thinks about 5 months ago	

IMMUNIZATIONS

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

MENSTRUAL HISTORY

LMP	N DEFINITE:	MENSES MONTHLY	N YES	NO	FREQUENCY Q 34	DAYS 5-7
	UNKNOWN 5-6 months age	ON BC AT CONCEPT	N	N NO	MENARCHE 13	(AGE ONSET)
	N FINAL	PRIOR MENSES	N	DATE	hCG+	
	N APPROXIMATE (MONTH KNOWN)					
	N NORMAL AMOUNT/DURATION					

PAST PREGNANCIES

None			

SUBSTANCE USE

	AMT PREPREG.	AMT PREG	# YRS USED
TOBACCO	Denies	Denies	
ALCOHOL	Denies	Denies	
ILLICIT/RECREATIONAL DRUGS	Occ. weed	none	

MEDICAL HISTORY

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	0 Neg + Pos	DETAIL POSITIVE REMARKS INCLUDE DATA & TREATMENT
1. DIABETES		
2. HYPERTENSION	+	Maternal grandmother
3. HEART DISEASE	+	Paternal grandfather
4. AUTOIMMUNE DISORDER		
5. KIDNEY DISEASE/UTI		
6. NEUROLOGIC/EPILEPSY		
7. PSYCHIATRIC		
8. DEPRESSION/PPD	+	Mother
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	+	Hay fever as a child
20. DRUG/LATEX ALLERGIC REACTIONS		
21. BREAST		
22. GYN SURGERY		
23. OPERATIONS/HOSPITALIZATIONS (YEAR & REASON)	+	T&A, Bilateral tubes in Ears
24. ANESTHETIC COMPLICATIONS		
25. HISTORY OF ABNORMAL PAP		
26. UTERINE ANOMALY (DES)		
27. INFERTILITY		
28. ART THERAPY		
29. PREGNANCY COMPLICATIONS		
30. CANCER	+	Father
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		F-Unk
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	Y	
IF YES, AGENT(S) AND STRENGTH DOSAGE - Tylenol, Weed	Y	
20. ANY OTHER (SEE COMMENTS)		

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)		

PSYCHOSOCIAL SCREENING

RESULT

DETAIL

1. HAVE YOU USED DRUGS OR ALCOHOL DURING THIS PREGNANCY?	Yes	Occasional weed with friends
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?	Unknown	
4. DO YOU CONSIDER ONE OF YOUR PARENTS TO BE AN ADDICT OR ALCOHOLIC?	Unknown	

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

INITIAL PHYSICAL EXAMINATION

DATE 8/11/XX WEIGHT 104 HEIGHT 63 PRE-PREGNANCY BMI _____ BP _____

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

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ROUTINE PRENATAL DIAGNOSTIC RESULTS

INITIAL LABS	DATE	RESULT	OB ALERT	REVIEWED
BLOOD TYPE	8/11/XX	A		
D (Rh TYPE)	8/11/XX	Positive		
ANTIBODY SCREEN	8/11/XX	Negative		
HCT/HGB	8/11/XX	29 % 9.5 g/dl		
MVC				
PLATELETS	8/11/XX	115		
PAP TEST				
VARICELLA				
RUBELLA	8/11/XX	Immune		
VDRL/RPR	8/11/XX	Non-Reactive		
TREPONEMAL	8/11/XX	Non-Reactive		
URINE CULTURE/SCREEN	8/11/XX	WDL		
HBsAg	8/11/XX	Negative		
HIV COUNSELING/TESTING <i>CHECK STATE REQUIREMENTS BEFORE RECORDING RESULTS</i>	8/11/XX	Negative		
ULTRASOUND				

OPTIONAL LABS	DATE	RESULT	OB ALERT	REVIEWED
HEMOGLOBIN ELECTROPHORESIS		AA AS SS AC SC AF A2 POS NEG. DECLINED		
PPD				
CHLAMYDIA	8/11/XX	Negative		
GONORRHEA	8/11/XX	Negative		
HCV ANTIBODY				
HCV RNA				
CYSTIC FIBROSIS				
TAY-SACHS				
FAMILIAL DYSAUTONOMIA				
HEMOGLOBIN				
GENETIC SCREENING TESTS <i>See form B</i>				
TSH		mU/L		
DIABETES SCREEN				
DEPRESSION SCREENING				
ZIKA VIRUS IgM				
ZIKA VIRUS PCR				

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8-20 WEEK LABS (when indicated/elected)	DATE	RESULT	OB ALERT	REVIEWED
ULTRASOUND	8/11/XX	Estimated Gestational age 20 weeks Est. EDD 12/21/XX		8/11/XX
CELL FREE DNA SCREENING				
1 ST TRIMESTER ANIUPLOIDY RISK ASSESSMENT				
INTEGRATED 1 ST AND 2 ND TRIMESTER SCREENING				
MSAFP				
2 ND 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		% g/dl		
MCV		fl		
PLATELETS		10*3 u/l		
DIABETES SCREEN				
GTT (IF SCREEN ABNORMAL)				
ANTIBODY SCREEN				
ANTI-D IMMUNE GLOBULIN (RhIG) given (28 weeks or >)				
HIV (WHEN INDICATED 28 WKS >)				
VDRL/RPR (WHEN INDICATED 28 WKS >)				
TREPONEMAL (WHEN INDICATED 28 WKS >)				
GONORRHEA (WHEN INDICATED 28 WKS >)				
CHLAMYDIA (WHEN INDICATED 28 WKS >)				

32-36 WEEK LABS (when indicated)	DATE	RESULT	OB ALERT	REVIEWED
HCT/HGB		% g/dl		
PLATELETS				
ULTRASOUND (when indicated)				
Group B STREP				