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 |
| |
| |
| |
| |

| |
|---|
| 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

| | 0 Neg<br>+ 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 | | |

**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 |

NAME: Sarah Rogers DOB: 1/15/XX

| 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**

NAME: Sarah Rogers DOB: 1/15/XX

**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 N&V & treatments, Risk S&S to report. |

**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** | | | | |

| OPTIONAL LABS | DATE | RESULT | OB ALERT | REVIEWED |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| **HEMOGLOBIN ELECTROPHORESIS** | | AA AS SS AC SC AF A2<br>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** | | | | |

| **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 | | |