Patient Name: Cora Denny Date of Birth:

Age: 42

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Patient Information

Street Addres	ss:		Home phone #:	(616) 555-0008			
			Cell phone #: (616) 555-8008				
Work phone # : None							
	Marital St	atus	Hust	oand/Father of Baby			
Single:	Married: X	Separated:	Name: Chad				
Divorced:	Widowed:	-	Involved: X	Not Involved:			
	Education (last grad	le completed)		Occupation			
16 years	-	_	Sales	_			
			En	nergency Contact			
Race: _X_C	(non-Hispanic white)	African American	Chad	Relationship: husband			
Asian	_HispanicNative	AmericanOther	Phone #: (616) :	555-2008			

Reproductive History									
LMP	EDC	Gravida	P	Para		Abortion	s	Living	Deceased
			Term	Preterm	Spont	Elect	Ectop		
		2	1					1	

Prior Pregnancies								
Date	GestationDeliveryComplicationsO							
5 yrs ago	39 C/S		Fetal distress	Girl, 7 lb 5 oz				

Initial Laboratory Data (Date: xx-xx-xx)

Blood	R	Rubella RPR/V		RPR/VDRL HBsAG		GBS			HIV	
Type:	Immur	ne:	Positive:		Positive:	Po	Positive:		Positive:	
Rh:	Non-Ir	nmune:	Negative:		Negative:	Ne	Negative:		Negative:	
			C		-		-		Declined:	
Hemoglobin Hem		Hema	atocrit Pap Smear				Cult	tures		
				Date: xx-xx-xx			Type	Date	Results	
				Res	Results: WNL		GC	XX-XX-XX		
					(negative for		Chl	XX-XX-XX		
					malignancy)					

8-18 Weeks Laboratory Data

Ultrasound	Multiple Markers Test	Amnio/CVS	Karyotype
Date:	Date:	Date:	46, XX
Results:	Results:	Results:	46, XY
			Other:

History of Substance Use

Use of Tobacco			Use of	Alcohol (ETC	Street Drugs			
Type of Tobacco Used: # of		Number of drinks per day		# of	Type: Denies Use		# of	
Cigarettes		Years	(average)		Years			years
		Smoked:			Drinking:			Use:
Prior to PG:	Now:		Prior to PG:	Now:		Prior to	Now:	None
11101 10 1 0.	100.	25	11101 10 1 0.	1000	25 years	PG:	100.	
2/day	0		Occasional`	0		None	None	

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Past Medical History [0 = Negative / + = Positive and describe]

Allergies:	No Kn		llergies (N							•••••]	
Gonorrhea:		nydia:	HSV:		PV:	Syphilis:	HIV:		Т	B:	Hepatitis B:
0		0 0	0		0	0	()		0	0
STD/HIV Risk 0		1		1	Pulmonary	/Asthm	a ()			
BCP w/in 90 of conceptior		0				Neuro/Epi	lepsy				
Hospitalizatio	ons	+	+ Previous delivery, pyelonephritis 10 years ago			Hepatitis/GI					
Surgeries		+	Cesarean			Psychiatric	2	()		
Transfusions		0				Thyroid		()		
Diabetes		0				Varicositie Phlebitis	es/	()		
HTN/Vascula	ar	0				Uterine Anomalies Or DES exposure)		
Cardiac Prob or Disease	lems	0					Abnormal Pap Results)		
Kidney/ UTI		+	Hx pyelo			Trauma/De Violence	Trauma/Domestic Violence)		
					Immuniz	ation Status	5				
Td Booster:	XX-XX	-XXX		MMR	: 3 doses	received		Vari	cell	la: xx-xx-x	XX
(at age 23)				xx-xx-xx; xx-xx-xx; xx-xx-xx							
Polio: 3 dos	ses rece	eived		Hepatitis B: immunized			Flu:				
xx-xx-xx; x	x-xx-x	x; xx-2	XX-XX								
	Initia			amina		= Negative/I					
Date: Today		Hei	ght:		0	Weight:	Curren		-		icity:
					p	ounds		pound		Cauc	casian
			= ; BP =			Gestationa	l Age b	y LMF)		weeks
Planned Preg		Yes									
Physical Exa		NT				Present Pre					
Alert/Cooper HEENT	ative	N N	-			Nausea/Vo	Ŭ	I N			
Thyroid/Necl	r	N N	-			Vaginal Bl Vaginal Di					
Lungs	N	N	-			Urinary S/					
Heart/Pulses		N	-			Constipatio		I N			
ricard r uises		ТЛ	4				Constipation				

Breasts Fever/Rash Ν Ν Abdomen Ν Infection Ν Extremities/Skin Ν Other Ν Pelvic Exam Assessment/Plan Vulva Ν Vagina Ν Cervix Р Goodell's/Chadwick's signs noted. Uterus is soft Uterus Р Adnexa Ν and enlarged – about 10 Ν Rectum week size

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Medi	cation	List

	Medicatio	ns Ordered		Medications Ac	lministered i	in Office
Туре	Date	Notes	Name	Туре	Date/Site	Provider Name
Prenatal vitamins	xx-xx-xx Script given	Dispense one bottle of	J. Geddes	RhoGAM 300 mcg IM (if indicated)		
1 tab orally	to patient	60 capsules		Mfg:		
each day		Refills: 4		Lot #		
				Exp. Date:		
				Influenza Vaccine		
				0.5 mL IM		
				(Oct 1 - March 1)		
				Mfg:		
				Lot #		
				Exp. Date		

PRENATAL VISITS

Date	Wks Gest	Weight (lbs)	BP	Urine/ Protein	Urine/ Glucose	Edema	FHR	Fundal Ht-cm	Fetal Activity	Pres	PTL S/S	Next Appt	Ini
xx-xx today													

PRENATAL RECORD

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Progress Notes

Date	Notes
XX-XX-XX	
Today	