Patient Name: Marla Trent Date of Birth:

Age: 14

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#### **Patient Information**

Street Address:			Home phone #:	Home phone #: (616) 555-0000			
			Cell phone #: (	616) 555-0001			
			Work phone #:	None			
	Marital Sta	atus	Hus	band/Father of Baby			
Single: Yes	Married:	Separated:	Name:				
Divorced:	Widowed:		Involved:	Not Involved: X (see note)			
	Education (last grad	e completed)		Occupation			
	-		Homemaker:	_			
			Student: YES	Outside Work:			
			E	mergency Contact			
			Darla Trent	Relationship: mother			
			Phone #: (616)	555-1001			

#### **Reproductive History**

LMP	EDC	Gravida	Р	ara		Abortion	S	Living	Deceased
			Term	Preterm	Spont	Elect	Ectop		

### Prior Pregnancies

Date	Gestation	Delivery	Complications	Outcome

#### **Initial Laboratory Data** (Date: 1 week ago)

	====================================										
Blood	R	ubella RPR/VDRL HBsAG			GE	BS	HIV				
Type:	Immur	ne:	Positive:	Positive:		Positive:			Positive:		
Rh:	Non-Immune:		Negative:	ve: Negative:		Negative:			Negative:		
			_		-		0		Declined:		
Hemoglobi	n	Hema	atocrit	Pap Smear				tures			
				Date: xx-xx-xx			Туре	Date	Results		
				Res	sults: WNL		GC	XX-XX-XX			
							Chl	xx-xx-xx			

### 8-18 Weeks Laboratory Data

Ultrasound	Multiple Markers Test	Amnio/CVS	Karyotype
Date:	Date: 1 <sup>st</sup> visit	Date:	46, XX
Results:	Results:	Results:	46, XY
			Other:

# History of Substance Use

Use of Tobacco			Use of	f Alcohol (ETC	Street Drugs			
Type of Tobacco Used: # of		# of	Number of drinks per day		# of	Type: Denies Use		# of
Cigarettes		Years	(average)		Years			years
C		Smoked:			Drinking:			Use:
D: DC	<b>N</b> 7		D. D.	<b>N</b> 7		D	27	None
Prior to PG:	Now:		Prior to PG:	Now:		Prior to	Now:	
			occasional			PG:		
						None	None	

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

Allergies:	No Kn	own Al	llergies (NKA	.)						
Gonorrhea:	Chlan	nydia:	HSV:	HPV:	Syphilis:	HIV:		TB:	Hepatitis B:	
0	(	0	0	0	0	0	)	0	0	
		States pregna date rape, no	ncy result of other partners	Pulmonary	Asthm	a 0				
BCP w/in 90 of conception	-	0	<b>i</b> /	Neuro/Epilepsy		0				
Hospitalizatio		0			Hepatitis/C	H	0			
Surgeries		0			Psychiatric	;	0			
Transfusions		0			Thyroid	Thyroid				
Diabetes		0			Varicosities/ Phlebitis		0			
HTN/Vascula	ır	0			Uterine An Or DES ex		s 0			
Cardiac Probl or Disease	lems	0			Abnormal Results	*	0			
Kidney/ UTI		0			Trauma/Do Violence	omestic	0			
				Immuniz	ation Status					
Td Booster:	XX-XX	-XXX	Μ	MR: 3 doses	s received		Varic	ella: xx-xx-x	X	
(at age 13)		XX	<u>x-xx-xx; xx-x</u>	x-xx; xx-xx-	XX					
Polio: 3 doses received		Н	epatitis B: N				Flu: Not immunized			
xx-xx-xx; xx	<u>x-xx-x</u>	x; xx-x	xx-xx							
	Initia	l Preg	nancy Exan	nination [ N	= Negative/N	Normal/	/None;	P = Positive	e]	

Initia	l Pregi	nancy Examina	$\operatorname{tion}\left[ N = \right]$	Negative/Normal/None; $P = Positive$				
Date: Today	Heig	ght:	Pre-Preg V	Weight:	Current V	Veight:		Ethnicity:
		5' 7" 120 p		ounds				Caucasian
Vital signs T = 98.6; P = 64; R = 16; BP = 108/64				Gestationa	l Age by I	LMP	20 w	veeks
Planned Pregnancy?								
Physical Exam				Present Pr	egnancy H	istory		
Alert/Cooperative	Ν			Nausea/Vo	omiting	N		
HEENT	Ν			Vaginal B	leeding	N		
Thyroid/Neck	Ν			Vaginal D	ischarge	N		
Lungs	Ν			Urinary S/	'S	N		
Heart/Pulses	Ν			Constipati	on	N		
Breasts	Ν			Fever/Rash				
Abdomen	Ν			Infection		N		
Extremities/Skin	Ν			Other		N		
Pelvic Exam				Assessment/Plan				
Vulva	Ν							
Vagina	Ν							
Cervix	Р	Goodell's/Chady	wick's					
Uterus	Р	signs noted. Ute	erus 1 FB					
Adnexa	Ν	below umbilicus	5					
Rectum	Ν							

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# Medication List

Medication	ns Ordered		Medications Administered in Office			
Date	Notes	Name	Туре	Date/Site	Provider Name	
xx-xx-xx Script given to patient	Dispense one bottle of 60 capsules Refills: 4	J. Geddes	RhoGAM 300 mcg IM (if indicated) Mfg: Lot # Exp. Date: Influenza Vaccine 0.5 mL IM (Oct 1 – March 1) Mfg: Lot #			
			Exp. Date			
	Date xx-xx-xx Script given	xx-xx-xxDispenseScript givenone bottle ofto patient60 capsules	DateNotesNamexx-xx-xxDispenseJ. GeddesScript givenone bottle ofto patient60 capsules	DateNotesNameTypexx-xx-xxDispenseJ. GeddesRhoGAM 300 mcg IMScript given to patientone bottle of 60 capsules Refills: 4Mfg: Lot # Exp. Date:Imfluenza Vaccine 0.5 mL IM (Oct 1 – March 1) Mfg:	DateNotesNameTypeDate/Sitexx-xx-xxDispenseJ. GeddesRhoGAM 300 mcg IM (if indicated)Script given to patient60 capsules Refills: 4Mfg: Lot # Exp. Date:Image: Construction of the second s	

## PRENATAL VISITS

Date	Wks	Weight	BP	Urine/	Urine/	Edema	FHR	Fundal	Fetal	Pres	PTL	Next	Ini
	Gest	(lbs)		Protein	Glucose			Ht-cm	Activity		S/S		
	Gest	(103)		Tiotem	Glueose			in em	Then vity		0/0	Appt	
XX-XX													
today													
today													
-													<u> </u>
1													
1													
1													
1													
1													

## PRENATAL RECORD

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# **Progress Notes**

	Progress Notes									
Date	Notes									
xx-xx-xx Today	Presented for 1 <sup>st</sup> prenatal visit and initial exam.									