Patient Name: Monique Salter Date of Birth:

Age: 28

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i attent information										
Street Address:	Home phone #: (616) 555-0000									
	Cell phone #: (616) 555-0001									
	Work phone # : None									
Marital Status	Husband/Father of Baby									
Single: Married: YES Separated:	Name: Gary									
Divorced: Widowed:	Involved: YES Not Involved:									
Education (last grade completed)	Occupation									
BA in Education	Homemaker:									
	Student: NO Outside Work: Teacher									
	Emergency Contact									
	Gary Relationship: husband									
	Phone #: (616) 555-1000									
Reproductive His	tory									

LMP	EDC	Gravida	Para		Abortions			Living	Deceased
12/07/2007			Term	Preterm	Spont	Elect	Ectop		
		3	2	0	0	0	0	2	0

.

	Prior Pregnancies										
Date	Gestation	Delivery	Complications	Outcome							
4 years ago	40	NSVD	None	Boy, 8lb, 2 oz							
2 years ago	38	NSVD	None	Girl, 6lb 12 oz							

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

Blood	R	ubella	RPR/VDRL		HBsAG		GBS		HIV	
Type:	Immur	ne:	Positive:		Positive:	Pos	Positive:		Positive:	
Rh:	Non-Ir	nmune:	Negative:		Negative:	Ne	Negative:		Negative:	
					Tieguite: Tieguite:			Declined: X		
Hemoglobin		Hema	atocrit		Pap Smear			Cul	tures	
			Da		te: xx-xx-xx		Type	Date	Results	
				Res	Results: WNL		GC	XX-XX-XX	Negative	
				(negative for		Chl	XX-XX-XX	Negative		
				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	f Alcohol (ETC	Street Drugs			
Type of Toba	cco Used:	# of	Number of drinks per day		# of	Type: Denies Use		# of
Cigarettes		Years	(average)		Years			years
Smoked:				-	Drinking:			Use:
	1	0		1	15 years		1	None
Prior to PG:	Now:	Ũ	Prior to PG:	Now:	ie years	Prior to	Now:	rione
			occasional	0		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
STD/HIV Ris	sk	0	States FOB is partner in her	•	Pulmonary	Pulmonary/Asthma			
BCP w/in 90 of conception	-	0			Neuro/Epil	lepsy	+	Migraines s a	aura
Hospitalizatio	ons	+	Prior childbir	th	Hepatitis/C	H	0		
Surgeries		0			Psychiatric	;	0		
Transfusions		0			Thyroid		0		
Diabetes		0			Varicositie Phlebitis	·s/	0		
HTN/Vascula	ar	0			Uterine An Or DES ex		0		
Cardiac Prob or Disease	lems	0			Abnormal Results	Pap	0		
Kidney/ UTI		0			Trauma/Do Violence	Trauma/Domestic Violence			
		· .		Immuni	zation Status		•		
TIDeestern			ЪЛ	MD. 2.1	• 1	T	7 ·	. 11	

Td Booster: xx-xx-xxx	MMR: 3 doses received	Varicella: xx-xx-xx
(at age 13)	xx-xx-xx; xx-xx-xx; xx-xx-xx	
Polio: 3 doses received	Hepatitis B:	Flu: Not immunized
XX-XX-XX; XX-XX-XX; XX-XX-XX		

**Initial Pregnancy Examination** [N = Negative/Normal/None; P = Positive]

Initia	l Preg	nancy Examina	lion [N =	Negative/	Normal/IN	one;	$P = Positive_j$
Date: Today	Heig	ght:	Pre-Preg V	Weight:	Current V	Veight:	Ethnicity:
		5' 6"	145 p	ounds 145 p		pounds	African American
Vital signs $T = 98$ .	6; P =	64; R = 16; BP = 10	108/64	Gestationa	l Age by L	MP	12 weeks
Planned Pregnancy?	Yes						
Physical Exam	Physical Exam						
Alert/Cooperative	Ν			Nausea/Vo	omiting	Р	Slight nausea, eating
HEENT	Ν			Vaginal B	leeding	Ν	"OK"
Thyroid/Neck	Ν			Vaginal D	ischarge	Ν	
Lungs	Ν			Urinary S/	'S	Ν	
Heart/Pulses	Ν			Constipati	on	Ν	
Breasts	Ν			Fever/Ras	h	Ν	
Abdomen	Ν			Infection		Ν	
Extremities/Skin	Ν			Other		Ν	
Pelvic Exam				Assessmen	nt/Plan		
Vulva	Ν						
Vagina	Ν						
Cervix	Р	Goodell's/Chady	wick's				
Uterus	Р	signs noted. Ute	erus is soft				
Adnexa	Ν	and enlarged – a	bout 10				
Rectum	Ν	week size					

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## **Medication List**

Age: 28

	Medicatio	ns Ordered		Medications Administered in Office				
Туре	Date	Notes	Name	Туре	Date/Site	Provider Name		
Prenatal	XX-XX-XX	Dispense	J. Geddes	RhoGAM 300 mcg IM				
vitamins	Script given	one bottle of		(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	Weight	BP	Urine/	Urine/	Edema	FHR	Fundal	Fetal	Pres	PTL	Next	Ini
	Gest	Weight (lbs)		Protein	Glucose			Ht-cm	Activity		S/S	Appt	
		()									~~~	лррі	
XX-XX	11												
today													
-													
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#### PRENATAL RECORD

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## **Progress Notes**

Age: 28

	Frogress Notes
Date	Notes
XX-XX-XX	Presented for 1 <sup>st</sup> prenatal visit and initial exam. Pt appears to be stated age. C/o fatigue and some nausea. No
Today	other complaints. Excited about pregnancy. Husband also here.
Today	ould complaints. Excited about programby. Trasbuild also here.