Patient Name: Sandra Volking

Med Record #: 321007

Date of Birth: Age: 26 Page 1 of 4 pages

Patient Information

Street Address:	Home phone #: (616) 555-1007
Lowell	Cell phone #: (616) 555-2007
	Work phone #: None
Marital Status	Husband/Father of Baby
Single: Married: X Separated:	Name: Claud
Divorced: Widowed:	Involved: X Not Involved:
Education (last grade completed)	Occupation
BA Teaching	Homemaker:
	Student: Outside Work: Teacher
	Emergency Contact
	Claud Relationship: husband
	Phone #: (616) 555-7777

Reproductive History

LMP	EDC	Gravida	P	ara	1	Abortion	S	Living	Deceased
			Term	Preterm	Spont	Elect	Ectop		
		2	1					1	

Prior Pregnancies

Date	Gestation	Delivery	Complications	Outcome
3 years ago	38	NSVD	None	Boy, 8 lb 6 oz

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

Blood	R	Rubella RPR/VDR		RL HBsAG		GBS			HIV
Type:	Immur	ne:	Positive:		Positive:	Pos	sitive:		Positive:
Rh:	Non-Immune:		Negative:		Negative:	Ne	Negative:		Negative:
									Declined:
Hemoglobi	Hemoglobin Hema		atocrit Pap Smear				Cul	tures	
				Da	te: xx-xx-xx		Type	Date	Results
				Res	sults: 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 To	Говассо	Use of	Alcohol (ETC	Street Drugs			
Type of Tobacco U	Used: # of	Number of drinks per day		# of	Type: Denies Use		# of
Cigarettes	Years	(average)		Years			years
	Smoked:		Drii				Use:
Prior to PG: Nov.	PPD 8	Prior to PG: occasional	Now: 0	8	Prior to PG: None	Now:	None

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

Allergies:	No Kn	nown Allergies (NKA)								
Gonorrhea:	Chlan	nydia:	HSV:	HPV:	Syphilis:	HIV:		TB:	Hepatitis B:	
0	(0	0	0	0	0		0	0	
STD/HIV Ri	sk	0	States FOB is partner in her	•	Pulmonary	Pulmonary/Asthma				
BCP w/in 90 of conception		0			Neuro/Epil	lepsy				
Hospitalizati	ons	+	Prior pregnan	су	Hepatitis/C	Hepatitis/GI				
Surgeries		0			Psychiatric	Psychiatric				
Transfusions		0			Thyroid		0			
Diabetes		0			Varicositie Phlebitis	es/	0			
HTN/Vascul	ar	0			Uterine An Or DES ex		0			
Cardiac Prob or Disease	lems	0			Abnormal Results	Pap	0			
Kidney/ UTI		0			Trauma/Do Violence		0			

Immunization Status

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: Immunized	Flu:
XX-XX-XX; XX-XX-XX; XX-XX-XX		

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

Date: Today	Heig	ght:	Pre-Preg V		Current V			Ethnicity:
		pou		ınds	nds pounds			Caucasian
Vital signs $T = ; P$	Vital signs $T = ; P = ; R = ; BP =$				l Age by L	MP		weeks
Planned Pregnancy?	Yes							
Physical Exam				Present Pre	egnancy H	istory		
Alert/Cooperative	N			Nausea/Vo	omiting	P		
HEENT	N			Vaginal B	leeding	N		
Thyroid/Neck	N			Vaginal D	ischarge	N		
Lungs	N				Urinary S/S			
Heart/Pulses	N			Constipation		N		
Breasts	N			Fever/Rash	N			
Abdomen	N			Infection	N			
Extremities/Skin	N			Other		N		
Pelvic Exam				Assessmer	nt/Plan			
Vulva	N							
Vagina	N							
Cervix	P	Goodell's/Chady	wick's					
Uterus	P	signs noted. Ute	erus is soft					
Adnexa	N	and enlarged – a	bout 10					
Rectum	N	week size						

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Medication List

	Medication	ns Ordered		Medications Administered in Office				
Type	Date	Notes	Name	Type	Date/Site	Provider Name		
Prenatal vitamins 1 tab orally each day	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				

PRENATAL VISITS

						MAIA							
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	Glucosc			TIT-CIII	Activity		5/5	Appt	
XX-XX													
today													
today													
-													
-													
	L	1											

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Progress Notes

Date	Notes
xx-xx-xx	
Today	
•	