Patient Name: Tammy Lawson

Med Record #: 321006

Date of Birth: Age: 22 Page 1 of 3 pages

Patient Information

Street Address:			Hor	ne pho	one #: (616) 555-1006			
			Cell	Cell phone #: (616) 555-2006				
			Wor	Work phone #: None				
	Marital St	atus		Husband/Father of Baby				
Single: X	Married:	Separated:	Nan	ne:				
Divorced:	Widowed:	_	Invo	lved:	Not Involved: X			
]	Education (last grad	le completed)		Occupation				
High school			Hor	Homemaker:				
			Stud	lent:	Outside Work: waitress			
					Emergency Contact			
			Mar	y	Relationship: mother			
			Pho	Phone #: (616) 555- 6666				

Reproductive History

LMP	EDC	Gravida	Para		1	Abortion	S	Living	Deceased
			Term	Preterm	Spont	Elect	Ectop		
		1	0						

Prior Pregnancies

Date	Gestation	Delivery	Complications	Outcome

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

Blood	R	Rubella RPR/VDR		L HBsAG		GBS			HIV	
Type:	Immur	ne:	Positive:		Positive:	Pos	Positive:		Positive:	
Rh:	Non-Ir	nmune:	Negative:		Negative:	Ne	Negative:		Negative:	
									Declined:	
Hemoglobi	globin Hema		atocrit	Pap Smear				Cult	ures	
			Date: xx-xx-xx			Type	Date	Results		
					Results:		GC	XX-XX-XX		
							Chl	XX-XX-XX		
·										

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

	instory of Substance ese								
Use of Tobacco			Use of	Alcohol (ETC	Street Drugs				
Type of Tobacco Used: # of			Number of di	rinks per day	# of	Type: Coc	Type: Cocaine,		
Cigarettes Years		(average)		Years	Marijuana,	years			
Smoked:					Drinking:	stuff"	Use:		
Prior to PG:	Now:	7	Prior to PG:	Now:	10 years	Prior to PG:	Now:	6 years	
1 PPD	1 PPD		6/weekend	Trying to cut back		"once in a while"	"None"		

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		Past I	Medical F	listory [0 = N	egative / + =	Positive	e and d	escribe]	
Allergies:	No Kn	own Al	lergies (NI	KA)					
Gonorrhea:	Chlan	nydia:	HSV:	HPV:	Syphilis:	HIV:		TB:	Hepatitis B:
+	+ 0		0	0	0	0 0		0	0
STD/HIV Ris	sk	+	Multiple p	artners, drug use	Pulmonary	y/Asthma	a 0		
BCP w/in 90 of conception	•	0			Neuro/Epi	ilepsy	0		
Hospitalizatio	ons	0			Hepatitis/0	GI	0		
Surgeries	Surgeries 0				Psychiatric	С	0		
Transfusions	ions 0 Thyroid			0					
Diabetes		0			Varicosities/ Phlebitis		0		
HTN/Vascula	ar	0				Uterine Anomalies Or DES exposure			
Cardiac Prob or Disease	lems	0			Abnormal Results	Pap	+	3 years ag	go. No follow-up
Kidney/ UTI		0			Trauma/D Violence	omestic	0		
				Immuni	zation Status	s			
Td Booster:	XX-XX	-XXX		MMR: 3 dose	s received		Varicella: xx-xx-xx		
(at age 13)				xx-xx-xx; xx-x	xx-xx; xx-xx-	-XX			
Polio: 3 dos	ses rece	eived		Hepatitis B:			Flu:		
xx-xx-xx; xx	X-XX-X	x; xx-x	X-XX						

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

IIIItia	ստոլո –	ricgative/	(NOT III al/ I N	one,	1 – 1	ositive		
Date: Today	Heig	ght:	Pre-Preg V	Veight:	Current V	Veight:		Ethnicity:
			pou	unds po		ounds		AA
Vital signs $T = ; P = ; R = ; BP =$				Gestationa	l Age by L	MP	wee	ks
Planned Pregnancy?	No							
Physical Exam				Present Pr	egnancy H	istory		
Alert/Cooperative	N			Nausea/Vo	omiting	P		
HEENT	P	Excoriated nares		Vaginal B	leeding	N		
Thyroid/Neck	N			Vaginal D	ischarge	N		
Lungs	р	Occas. wheeze		Urinary S/	'S	N		
Heart/Pulses	N			Constipati	on	N		
Breasts	N			Fever/Ras	h	N		
Abdomen	N			Infection		N		
Extremities/Skin	N			Other		N		
Pelvic Exam				Assessmen	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

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													

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Progress Notes

Date	Notes
xx-xx-xx	
Today	
•	