

## PRENATAL RECORD

Patient Name: Allison Coolidge

Med Record #: 320003

Date of Birth: July 30

Age: 30

Page 1 of 3 pages

### Patient Information

Street Address: <div style="text-align: center;">1245 Maple St</div>	Home phone #: (616) 555-0003 Cell phone #: (616) 555-1003 Work phone #: None
Marital Status Single:            Married: X            Separated: Divorced:            Widowed:	Husband/Father of Baby Name: Brad Involved: X            Not Involved:
Education (last grade completed) 16 - BS	Occupation Homemaker: Student:            Outside Work: manager
	Emergency Contact <div style="text-align: center;">Brad                      Relationship: Husband</div> Phone #: (616) 555- 2003

### Reproductive History

LMP	EDC	Gravida	Para		Abortions			Living	Deceased
		2	Term	Preterm	Spont	Elect	Ectop	1	
			1						

### Prior Pregnancies

Date	Gestation	Delivery	Complications	Outcome
4 years ago	38	NSVD	None	Girl, 8 lb 6 oz

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

Blood	Rubella	RPR/VDRL	HBsAG	GBS	HIV
Type: B Rh: +	Immune: X Non-Immune:	Positive: Negative:	Positive: Negative: X	Positive: Negative:	Positive: Negative: Declined: X
Hemoglobin		Hematocrit	Pap Smear	Cultures	
			Date: xx-xx-xx	Type	Date
			Results:	GC	xx-xx-xx
			Chl	xx-xx-xx	Results

### 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 (ETOH)		Street Drugs	
Type of Tobacco Used: Cigarettes 0	# of Years Smoked:	Number of drinks per day (average) <1	# of Years Drinking: 20	Type: Denies Use	# of years Use: None
Prior to PG:            Now:		Prior to PG: weekends            Now: 0		Prior to PG: None            Now: None	

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Page 2 of 3 pages

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

Allergies:	No Known Allergies (NKA)						
Gonorrhea: 0	Chlamydia: 0	HSV: 0	HPV: 0	Syphilis: 0	HIV: 0	TB: 0	Hepatitis B: 0
STD/HIV Risk	0	States FOB is only sex partner in her lifetime		Pulmonary/Asthma	0		
BCP w/in 90 days of conception	0			Neuro/Epilepsy	0		
Hospitalizations	+	NSVD		Hepatitis/GI	0		
Surgeries	0			Psychiatric	0		
Transfusions	0			Thyroid	0		
Diabetes	0			Varicosities/Phlebitis	0		
HTN/Vascular	0			Uterine Anomalies Or DES exposure	0		
Cardiac Problems or Disease	0			Abnormal Pap Results	0		
Kidney/ UTI	0			Trauma/Domestic Violence	0		

## Immunization Status

Td Booster: xx-xx-xxx (at age 13)	MMR: 3 doses received xx-xx-xx; xx-xx-xx; xx-xx-xx	Varicella: xx-xx-xx
Polio: 3 doses received xx-xx-xx; xx-xx-xx; xx-xx-xx	Hepatitis B: Immunized	Flu:

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

Date: Today		Height:		Pre-Preg Weight: 126 pounds		Current Weight: 135 pounds		Ethnicity: C	
Vital signs	T = ; P = ; R = ; BP =			Gestational Age by LMP		weeks			
Planned Pregnancy? Yes									
Physical Exam					Present Pregnancy History				
Alert/Cooperative	N				Nausea/Vomiting	P			
HEENT	N				Vaginal Bleeding	N			
Thyroid/Neck	N				Vaginal Discharge	N			
Lungs	N				Urinary S/S	N			
Heart/Pulses	N				Constipation	N			
Breasts	N				Fever/Rash	N			
Abdomen	N				Infection	N			
Extremities/Skin	N				Other	N			
Pelvic Exam					Assessment/Plan				
Vulva	N	Goodell's/Chadwick's signs noted. Uterus is soft and enlarged –							
Vagina	N								
Cervix	P								
Uterus	P								
Adnexa	N								
Rectum	N								

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Page 3 of 3 pages

## Medication List

Medications 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

[illegible]

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Page 4 of 3 pages

## Progress Notes

[illegible]