

PRENATAL RECORD

Patient Name: Roberta Gomez
 Date of Birth: 17 yrs ago

Age: 17

Med Record #: 55555555
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Patient Information

Street Address:		Home phone #: (616) 555-1005 Cell phone #: (616) 555-2005 Work phone #: None	
Marital Status Single: <input checked="" type="checkbox"/> Married: _____ Separated: _____ Divorced: _____ Widowed: _____		Husband/Father of Baby Name: Sam Involved: <input checked="" type="checkbox"/> Not Involved: _____	
Education (last grade completed) 11 th grade		Occupation Homemaker: _____ Student: <input checked="" type="checkbox"/> Outside Work: _____	
		Emergency Contact Maria Gomez Relationship: mother Phone #: (616) 555- 5005	

Reproductive History

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

Prior Pregnancies

Date	Gestation	Delivery	Complications	Outcome

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

Blood	Rubella	RPR/VDRL	HBsAG	GBS	HIV
Type: Rh:	Immune: Non-Immune:	Positive: Negative:	Positive: Negative:	Positive: Negative:	Positive: Negative: Declined:
Hemoglobin	Hematocrit	Pap Smear		Cultures	
		Date: xx-xx-xx Results: WNL (negative for malignancy)		Type	Date
				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: none	# of Years Smoked:	Number of drinks per day (average)		Type: Denies Use	
Prior to PG:		Prior to PG:	# of Years Drinking: 0	Prior to PG:	# of years Use: None
Now:		Now:	Now:	Now:	
		0	0	None	None

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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	0			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 12)	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:	Flu:

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

Date: Today	Height:	Pre-Preg Weight: 105 pounds	Current Weight: pounds	Ethnicity: Hispanic
Vital signs	T = ; P = ; R = ; BP =		Gestational Age by LMP	weeks
Planned Pregnancy?				
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 – about 14 week size		
Vagina	N			
Cervix	P			
Uterus	P			
Adnexa	N			
Rectum	N			

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Progress Notes

Date	Notes
xx-xx-xx Today	