

PRENATAL RECORD

Patient Name: Samantha Young

Med Record #: 320004

Date of Birth: 12/16/___

Age: 35

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Patient Information

Street Address: 124 Front St SE	Home phone #: (616) 555-0004 Cell phone #: (616) 555-1004 Work phone #: None
Marital Status Single: Married: X Separated: Divorced: Widowed:	Husband/Father of Baby Name: Ralph Involved: X Not Involved:
Education (last grade completed) BA in music	Occupation Homemaker: Student: Outside Work:
	Emergency Contact Ralph Relationship: Husband Phone #: (616) 555- 0004

Reproductive History

LMP	EDC	Gravida	Para		Abortions			Living	Deceased
			Term	Preterm	Spont	Elect	Ectop		
10 weeks ago		3	2	0	0	0	0	2	

Prior Pregnancies

Date	Gestation	Delivery	Complications	Outcome
8 years ago	39	NSD	None	Girl, 8lb8oz
5 years ago	38	NSD	Forceps	Girl 9lb10oz

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: today Results:	Type GC Chl	Date Today today	Results

8-18 Weeks Laboratory Data

Ultrasound	Multiple Markers Test	Amnio/CVS	Karyotype
Date: Results:	Date: Results:	Date: Results:	46, XX 46, XY Other:

History of Substance Use

Use of Tobacco		Use of Alcohol (ETOH)		Street Drugs		
Type of Tobacco Used: Cigarettes	# of Years Smoked:	Number of drinks per day (average)		# of Years Drinking: 15 years	Type: Denies Use	# of years Use: None
Prior to PG: 0	Now: 0	Prior to PG: 0	Now: 0		Prior to PG: None	Now: 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			Pulmonary/Asthma	0		
BCP w/in 90 days of conception	0			Neuro/Epilepsy			
Hospitalizations	+	Previous deliveries		Hepatitis/GI	0		
Surgeries	+	7 years ago Appy		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: pounds	Current Weight: pounds	Ethnicity: American Indian
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 – about 10 week size		
Vagina	N			
Cervix	P			
Uterus	P			
Adnexa	N			
Rectum	N			

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Progress Notes

Date	Notes
xx-xx-xx Today	