PREVIOUS EDITION IS NOT USABLE

NSN 7540-00-634-4276

MEDICAL RECORD | **PRENATAL AND PREGNANCY** | DATE 11-2016

PATIENT INFORMATION

LAST NAME: Rodriguez	FIRST NAME: Noelle	MIDDLE INITIAL: J	
STREET ADDRESS: 1712 9th St.	CITY: Spicer	STATE: MN	ZIP CODE: 56288
TELEPHONE (Home) AREA CODE: 320 NUMBER: 766-8479	TELEPHONE (Work) AREA CODE: NUMBER: EXT:	ID NUMBER: 732424	DAY OF BIRTH (Month, Day, Year): 7-18-1979
AGE: 38			

RACE

	WHITE	X	HISPANIC WHITE		AMERICAN INDIAN/ALASKA NATIVE
	BLACK		HISPANIC BLACK		ASIAN/PACIFIC ISLANDER

MARITAL STATUS

	SINGLE	X	MARRIED		WIDOWED
	DIVORCED		SEPARATED		

EDUCATION (Last grade completed): high school

OCCUPATION

X	HOMEMAKER		OUTSIDE WORK
	STUDENT		

TYPE OF WORK:

HUSBAND/FATHER OF BABY

NAME: Jesus Rodreguez

TELEPHONE AREA CODE: 320 NUMBER: 766-8479

EMERGENCY CONTACT: Lettie Gonzalez

TELEPHONE AREA CODE: 320 NUMBER: 744-8336

NEWBORN'S PHYSICIAN: Dr. Kelly

REFERRED BY:

FINAL ESTIMATED DELIVERY DATE:

HOSPITAL OF DELIVERY:

PRIMARY PROVIDER/GROUP: BCBS

MEDICAID NUMBER/INSURANCE: KE41238C8

NUMBER OF PREGNANCIES

TOTAL	FULL TERM	PREMATURE	ABORTIONS INDUCTED	ABORTIONS SPONTANEOUS	ECTOPICS	MULTIPLE BIRTHS	LIVING
7	4	1	0	1	0	1	6

PAST PREGNANCIES (LAST SIX)

DATE (MO/YR)	GA WEEKS	LENGTH OF LABOR	BIRTH WEIGHT	SEX F	SEX M	TYPE DELIVERY	ANESTHESIA	PLACE OF DELIVERY	PRETERM LABOR DELIVERY YES	PRETERM LABOR DELIVERY NO	COMMENTS/ COMPLICATIONS
2008	39	13 hr	7lb 4oz		X	SVD	~~0~~	Edgewater		X	~~0~~
2010	41	< 2 hr	8lbs 2oz	X		SVD	~~0~~	"		X	~~0~~ *2009
2012	33	< 2 hr	6lbs 2oz		X	SVD	~~0~~	"	X		~~0~~ miscarriage
2012	33	< 2 hr	3lb 15oz	X		SVD	~~0~~	"	X		~~0~~
2014	38	< 3 hr	8lbs 1oz	X		SVD	~~0~~	"		X	~~0~~
2016	40	< 3 hr	8lbs 6oz		X	SVD	~~0~~	"		X	~~0~~

MENSTRUAL HISTORY

LAST MENSTRUAL PERIOD				MENSES		FREQUENCY		MENARCHE	
	DEFINITE		APPROXIMATE (MONTH KNOWN)	MONTHLY	PRIOR (Date)	Q (Days)	ON BCP AT CONCEPT	AGE ONSET	hCG + (Date)
X	UNKNOWN		NORMAL AMOUNT/DURATION	X YES		28	YES X NO	13	
	FINAL:			NO					

SYMPTOMS SINCE LAST MENSTRUAL PERIOD

DESCRIBE ALL SYMPTOMS

~~0~~ N/A

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME LAST	FIRST	MI	SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name – last, first, middle; ID No. or SSN; Sex)

REGISTER NO.

WARD NO.

NSN 7540-00-634-4276

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
Rabriquez	Noelle	T	7?e424

PAST MEDICAL HISTORY

ITEM	O NEG + POS	DETAIL POSITIVE REMARKS (Include Date and Treatment)	ITEM	O NEG + POS	DETAIL POSITIVE REMARKS (Include Date and Treatment)
DIABETES	O		PULMONARY (TB, ASTHMA)	O	
HYPERTENSION	O		ALLERGIES (DRUGS)	O	
HEART DISEASE	O		BREAST	O	
AUTOIMMUNE DISORDER	O		HISTORY OF ABNORMAL PAP	+	
KIDNEY DISEASE/UTI	O		UTERINE ANOMALY/ DES	O	
PSYCHIATRIC	O		INFERTILITY	O	
NEUROLOGIC/ EPILEPSY	O		RELEVANT FAMILY HISTORY	O	
HEPATITIS/LIVER DISEASE	O		GYN SURGERY	+	1-98 - colposcopy
VARICOSITIES/ PHLEBITIS	O				
THYROID DYSFUNCTION	O		OPERATIONS/HOS-PITALIZATIONS (Year and Reason)	O	
TRAUMA/DOMESTIC VIOLENCE	O				
HISTORY OF BLOOD TRANSFUSION	O		ANESTHETIC COMPLICATIONS		
D (RH) SENSITIZED	O		OTHER (Specify)		

USE OF TOBACCO			USE OF ALCOHOL			USE OF STREET DRUGS		
NUMBER OF CIGARETTES PER DAY		NO. OF YEARS SMOKED	NUMBER OF DRINKS PER DAY		NO. OF YEARS DRINKING	AMOUNT PER DAY		NO. OF YEARS USE
PRIOR TO PREGNANCY	NOW		PRIOR TO PREGNANCY	NOW		PRIOR TO PREGNANCY	NOW	
0	0	10	1-2/wk	0	0	0	0	0

COMMENTS/COUNSELING
quit smoking 2000

GENETICS SCREENING/TERATOLOGY COUNSELING

(Includes Patient, Baby's Father, or anyone in Either Family)

ITEM	YES	NO	ITEM	YES	NO
PATIENT'S AGE IS GREATER THAN 35 YEARS	X		MENTAL RETARDATION/AUTISM		X
THALASSEMIA (ITALIAN, GREEK, MEDITERRANEAN, OR ASIAN BACKGROUND *(MCV IS LESS THAN 80)*		X	IF YES, WAS PERSON TESTED FOR FRAGILE X		X
NEURAL TUBE DEFECT *(MENINGOMYELOCELE, SPINA BIFIDA, OR ANENCEPHALY)*		X	OTHER INHERITED GENETIC OR CHROMOSOMAL DISORDER		X
CONGENITAL HEART DEFECT		X	MATERIAL METABOLIC DISORDER *E.G., INSULIN-DEPENDENT DIABETES, PKU)		X
DOWN SYNDROME		X			
TAY-SACHS (E.G., JEWISH, CAJUN, FRENCH CANADIAN)		X	PATIENT OR BABY'S FATHER HAD A CHILD WITH BIRTH DEFECTS NOT LISTED ABOVE		X
SICKLE CELL DISEASE OR TRAIT (AFRICAN)		X			
HEMOPHILIA		X	MEDICATIONS/STREET DRUGS/ALCOHOL SINCE LAST MENSTRUAL PERIOD		X
MUSCULAR DYSTROPHY		X			
CYSTIC FIBROSIS		X	IF YES, LIST AGENT(S)		
HUNTINGTON CHOREA		X			
RECURRENT PREGNANCY LOSS OR A STILLBIRTH		X	ANY OTHER		X

COMMENTS/COUNSELING

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LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
Rodriguez	Noelle	-	736424

VISITS

DATE	WEEKS GEST. (BEST EST.)	FUNDAL HEIGHT (CM)	PRESENTATION	FHR	FETAL MOVEMENT	PRETERM LABOR SIGNS/SYMPTOMS PRESENT	PRETERM LABOR SIGNS/SYMPTOMS ABSENT	CERVIX EXAM (DIL./EFF./STA.)	BLOOD PRESSURE	EDEMA	WEIGHT	URINE (GLUCOSE/ ALBUMIN)	NEXT APPOINTMENT (Date)	PROVIDER (Initials)	COMMENTS
	11	11		[illegible]	+		X		130/90		180	-			
	18	18		150	+		X		126/72		182	-			
	20	20		[illegible]	+		X		142/80		184	-			
	30	30		158	+		X		136/84		198	-			
	34	34		152	+		X		132/90		200	-			
	36	36		[illegible]	+		X		130/80		204	-			
	37	37		[illegible]	+		X		134/78		206	-			
	38	38		158	+		X		138/82		208	-			
	39	39		[illegible]	+		X		132/86		210	-			

PROBLEMS

COMMENTS

LABORATORY AND EDUCATION

	TYPE	DATE	RESULT	REVIEWED	COMMENTS/ADDITIONAL LAB
INITIAL LABS	BLOOD TYPE	12/14	A / B / AB / (O)	VM.	
	D (RH) TYPE		+		
	PAP TEST		X NORMAL / ABNORMAL / OTHER		
	HIV COUNSELING/TESTING		POSITIVE / X NEGATIVE / DECLINED		
	ANTIBODY SCREEN		NCG		
	RUBELLA		Immune		
	VDRL Treponema		Nonreactive		
	HCT/HGB		PERCENTAGE 39% / G/DL 11.1		
	URINE CULTURE/SCREEN		NCG		
	HB s AG		NCG		
OPTIONAL LABS	HGB ELETROPHORESIS		AA / AS / SS / AC / SC / AF / TA2		
	PPD				
	CHLAMYDIA	NCG			
	GC				
	TAY-SACHS				
	OTHER				
8-18 WEEK LABS (When indicated/elected)	ULTRASOUND		Normal		
	MSAFP/MULTIPLE MARKERS				
	AMNIO/CVS				
	KARYOTYPE		46, XX / 46, XY / OTHER		
	AMNIOTIC FLUID (AFP)		X NORMAL / ABNORMAL		

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LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

	TYPE	DATE	RESULT	REVIEWED	COMMENTS/ADDITIONAL LAB
24-28 WEEK LABS	HCT/HGB	01/17	PERCENTAGE 43% / G/DL 11.2	MK	
	DIABETES SCREEN	1	1 HOUR 140		
	GTT (If screen abnormal)	28 wks	FBS / X 1 HOUR / 2 HOUR / 3 HOUR		
	D (RH) ANTIBODY SCREEN	—	Neg		
	D IMMUNE GLOBULIN (RHG) GIVEN (28 WEEKS)	NA	SIGNATURE	—	
32-36 WEEK LABS	HCT/HGB (Recommended)		PERCENTAGE 42% / G/DL 11.1	MK	
	ULTRASOUND	3/17	Normal		
	VDRL		Neg		
	GC				
	CHLAMYDIA		Neg		
	GROUP B STREP (35-37 WEEKS)	—	Neg	—	

PLANS/EDUCATION

	TYPE	COMMENTS		TYPE	COMMENTS
X	COUNSELED		X	NEWBORN CAR SEAT	
X	ANESTHESIA PLANS	None	X	POSTPARTUM BIRTH CONTROL	None
X	TOXOPLASMOSIS PRECAUTIONS (CATS/RAW MEAT)		X	ENVIRONMENTAL/WORK HAZARDS	
X	CHILDBIRTH CLASSES	other children	X	TUBAL STERILIZATION	
X	PHYSICAL/SEXUAL ACTIVITY		X	VBAC COUNSELING	
X	LABOR SIGNS		X	CIRCUMCISION	declines
X	NUTRITION COUNSELING		X	TRAVEL	
X	BREAST OR BOTTLE FEEDING	Breast	X	LIFESTYLE, TOBACCO, ALCOHOL	

RESULTS

TUBAL STERILIZATION	
DATE CONSENT SIGNED	INITIALS

COMMENTS/COUNSELING

SUPPLEMENTAL VISITS

DATE	WEEKS GEST. (BEST EST.)	FUNDAL HEIGHT (CM)	PRESENTATION	FHR	FETAL MOVEMENT	PRETERM LABOR SIGNS/SYMPTOMS		CERVIX EXAM (DIL./EFF./STA.)	BLOOD PRES-SURE	EDEMA	WEIGHT	URINE (GLUCOSE/ ALBUMIN)	NEXT APPOINT-MENT (Date)	PROVIDER (Initials)	COMMENTS
						PRESENT	ABSENT								
	11			WNL	+		X		134/40	0	190	NEG		WNL	
	15			WNL	+		X		122/45	0	192			WNL	
	20	20		160	+		X		128/40	0	194			WNL	
	24	24		152	+		X		124/42	0	198			WNL	
	28	28		160	+		X		130/40	0	200	NEG		WNL	
	30	30		150	+		X		134/42	0	205			WNL	
	32	32		149	+		X		128/56	0	206	NEG		WNL	
	36	36	C	149	+		X		124/60	trace	208	NEG		WNL	
	37	37	C	142	+		X		128/82	+1	209	NEG		WNL	
	38	38	C	144	+		X	1.5cm -2	118/90	+1	210/05	NEG		WNL	

PROGRESS NOTES

4 - 28 weeks one visit per month

28 - 36 wks 2 visits per month

36 - delivery - 1 visit / week

GTT test between 24 - 28 wks of pregnancy

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