DATE	03/0	1/2016												
NAME	BEA	CH, SOI												
	HF9	LAS 6530710	T, FIRST			/IDDLE		Hospital fo	r Mothers ar	nd Newb	orns			
ID#		HYSICIAN	Dr Da	edi Atrit		HOSPIT	AL OF BELIVERY							
NEWBOR	KIN S P	HYSICIAN	·					RRED BY _ ARY PROVID		Meditou	ch Fai	mily Pra	ıctice	
FINAL FE	מכ	3/01/2016					ADDR	400	N Rios, SOLAN					
				DA0E		MADITA			100 N RIOS					
		1/1980 AG	∌E 36 H	RACE WI	nite	Married		ADDRESS						
OCCUPA						EDUCA.		ZIP 92075		ONE (858)			(H)	(W)
LANGUA							spanic or Latino		E CARRIER/MED MMH123456	OICAID# Ma	ajor Me	dical HMC)	
		TNER Oce	eano Be	ach			858555555							
FATHER	OF BA	BY Oce	eano Be	ach		PHONE	858555555	EMERGENO	CY CONTACT				PHONE	
TOTAL P	REG	₂ FUI	LL TERM	2	PREMATURE		AB INDUCED	AB SPONTA	ANEOUS	ECTOPICS		MULTIPL	LE BIRTHS	LIVING 2
							MENSTRU	JAL HISTOR	Υ					
LMP 6/2	2/15	Defini	ite		MENSES MO			FREQUENC'		Days			CHE 13	(AGE ONSET)
					PRIOR MENS	DES	5/05/2015 PAST PREGN			0		7/1/15	hCG+	
DAT	E	GA	LABOI	R	BIRTH	SEX	DELIVERY	ANES.	PLAC	E OF	PF	RETERM	СО	MMENTS
		WKS	HOUR	S	WEIGHT		TYPE		DELIV			ABOR		
3/01/20		39	15 12		3 1 oz 3 oz	M	Vaginal Vaginal	Epidural None	Hospital Hospital		+	No No	40.5 ga, indu	ced due to postte
3/01/20	710	39	12	7 103	5 3 02	IVI	vagiriai	None	Поѕрна			INO		
							MEDICA	AL HISTORY						
				DENI					REPORTS			PF	ROVIDER/HOS	PITAL
Anemia,	Antep	artum hem	orrhage, A	Asthma, I	ormal uterine Breast Ca, Bre ctopic pregna	east prol	blem, CAD,	Normal deliv						
Headach	ne, He	patitis, Hyp	ertension,	, IUCD pi	esent, Infertili	ty - fem	ale, MI, Maternal	Pregnancy						
				55111			SURGIC	AL HISTORY					20112521100	
The pati	ent ha	s no surgic	al history	DENI	ES				REPORTS			Ph	ROVIDER/HOS	SPITAL
			,											
							ACTIVE ALL	ERGY HISTO	DRY					
	ALL	ERGEN		ONSET		SYMP	TOMS	А	LLERGEN	0	NSET		SYMPT	OMS
NO KNO	OWN A	LLERGY												
The pati	ent has	s no known	Aller											
					1									
			+											
												1		

				SOCIAL HIST	ORY			
		STATUS	LAST USED	USAGE PRE-PREG	USAGE PREG	PACKAGING	COUNSELED BY	DATE
TOBACCO	CIGARETTES	Never smoked				Packs		
	BEER	Social	05/29/2015	1	1	Glass		
ALCOHOL	WINE	Social	05/29/2015	1		Glass		07/29/2015
	LIQUOR	Social	05/29/2015	1		Drink		
ILLICIT/REC	. DRUGS							

		GENETI	CHISTORY	
1.	PATIENT'S AGE >= 35 YRS AS OF EDD	Yes	11. MUSCULAR DYSTROPHY	No
2.	THALASSEMIA	No	12. CYSTIC FIBROSIS	No
3.	NEURAL TUBE DEFECT	No	13. HUNTINGTON'S CHOREA	No
4.	CONGENITAL HEART DEFECT	No	14. MENTAL RETARDATION/AUTISM	No
5.	DOWN SYNDROME	No	15. OTHER INHERITED GENETIC DISORDER	No
		1		
6.	TAY-SACHS	No	16. MATERNAL METABOLIC DISORDER	No
_		1		
7.	CANAVIAN DISEASE	No	PATIENT OR BABY'S FATHER HAD CHILD WITH BIRTH DEFECT NOT LISTED ABOVE	No
8.	FAMILIAL DYSAUTONOMIA	No		
0.	FAMILIAL DYSAUTONOMIA	INO	18. RECURRENT PREGNANCY LOSS, OR A STILLBIRTH	No
9.	SICKLE CELL DISEASE OR TRAIT	No		
J.	OTALE OFFE DIOPHOF ON HAIT	INO	19. MEDICATIONS (INCLUDING SUPPLEMENTS, VITAMINS, HERBS, OTC DRUGS, DRUGS/ALCOHOL SINCE LMP	No
10	HEMOPHILIA	No		
10.	HENOTHER	INU		

		INFECT	ON HIS	STORY	
1.	LIVE WITH SOMEONE W/ TB OR EXPOSED TO TB	No	4.	HEPATITIS B, C	No
			ı		
2.	PATIENT OR PARTNER HAS HISTORY OF GENITAL HERPES	T.,	5.	HISTORY OF STD, GONORRHEA, CHLAMYDIA, HPV,HIV,SYPHILIS	1
۷.	FAITENT OR FARTNER HAS HISTORY OF GENITAL HERFES	No	J.	HISTORT OF STD, GONORRHEA, CHLAINITDIA, HEV, HIV, STEHLIS	No
			ı		
3.	RASH OR VIRAL ILLNESS SINCE LMP	No	1		

			INITIAI	. PHYSICAL E	EXAM		
DATI	E: 07/28/2015	WEIGHT: 13	35 lbs HEIGHT: 5'4"		BMI: 23.2	BLOOD P	RESSURE: 110/70
1.	HEENT	Normal		12. VL	JLVA	Normal	
2.	FUNDI	Normal		13. VA	AGINA	Normal	
3.	TEETH	Normal		14. CE	ERVIX	Normal	
4.	THYROID	Normal		15. UT	TERUS SIZE	8 We	
5.	BREASTS	Normal		16. AD	DNEXA	Normal	
6.	LUNGS	Normal		17. RE	ECTUM	Normal	
7.	HEART	Normal		18. DI/	AG CONJUGATE	Reached 11.5	<u> </u>
8.	ABDOMEN	Normal		19. SP	PINES	Average	
9.	EXTREMETIES	Normal		20. SA	ACRUM	Concave	
10.	SKIN	Normal		21. SU	JBPUBIC ARCH	Normal	
11.	LYMPH NODES	Normal		22. GY	/N PELVIC TYPE	Yes	

EXAM BY: JOHNSON, JACK 07/28/2015

	ACTIVE PROBLEMS		ACTIVE MEDICATIONS	
	DIAGNOSIS	ONSET	MEDICATION	START
64800	Diabetes mellitus in mother complicating pregnancy	07/29/2015	There are no known medications	

	Е	DD CONFIR	MATION				18-20 WEE	K EDD UPDATE		
LMP	06/02/2015	:	=	= EDD	03/08/2016	QUICKENING	10/03/2015	=	= EDD	03/08/2016
INITIAL EXAM	07/28/2015	= 8/0	W/D	= EDD	03/08/2016	FUND. HT/ AT UMBIL	10/20/2015	= 20 W/D	= EDD	03/08/2016
ULTRASOUND	07/28/2015	= 8/0	W/D	= EDD	03/08/2016	ULTRASOUND	08/25/2015	= 12/0 W/D	= EDD	03/08/2016
INITIAL EDD	03/08/2016	11	NITIALED E	BY Practitioner,	Nurse	FINAL EDD	03/01/2016	INITIALED BY	JOHNSON,	JACK

PREPREGNANCY WEIGHT 135.00 lbs

								OBSE	RVATIO	NS								
	Weeks Gestation	Fundal Height (CM)	Presentation	FHR	Fetal Movement	Preterm Labor Signs/Sym.	Cervix Exam (Dil)	Cervix Exam (Eff)	Cervix Exam (Sta.)	Ultrasound Length	Blood Pressure	Weight	Urine (Protein)	Urine (Glucose)	Edema	Pain Scale	Next Appointment	Provider Initials
07/28/2015	8 W 0 D			150		0				1.50	110/70	135.00	0	0	+0	0	08/25/2015	JJ
08/25/2015	12 W 0 D	12.00		140		0					112/72	135.00			+0	0	09/22/2015	JJ
09/22/2015	16 W 0 D	16.00		154		0					100/64	140.00			+0	0	10/20/2015	JJ
10/20/2015	20 W 0 D	20.00		150	+	0					112/70	145.00			+0	0	11/17/2015	JJ
11/17/2015	24 W 0 D	24.00		148	+	0					120/80	147.00			+0	0	12/15/2015	JJ
12/15/2015	28 W 0 D	28.00		156	+	0					122/76	150.00			+0	0	12/29/2015	JJ
12/29/2015	30 W 0 D		- fasting	144 bs 90s	+ , postpra	0 ndial bs 1	10s				108/68	152.00			+0	0	01/12/2016	JJ
01/12/2016	32 W 0 D		, fasting l	150 os 90-1	+ 00, postp	0 orandial 1	00-110				114/72	155.00			+0	0	01/26/2016	JJ
01/26/2016	34 W 0 D		, fasting 8	145 30-100,	+ postprar	0 ndial 110	-130				118/78	156.00			+0	0	02/09/2016	JJ
02/09/2016	36 W 0 D		, fasting 8	155 30-90, p	+ postprano	0 dial 95-11	0				112/70	159.00			+0	0	02/16/2016	JJ
02/16/2016	37 W 0 D	l .	VTX fasting 8	148 30-90, p	+ postprano	0 dial 100-1	1.00 4	10% k fetal u/s	aga, afi	21, nst norr	120/80 mal, bpp 10	160.00			+0	0	02/23/2016	JJ
02/23/2016	38 W 0 D		VTX fasting 9	150 90-110,	+ postprar	0 ndial 120-	2.00 (±	40%	-4		130/80	162.00			+1	0	03/01/2016	JJ
																		L
																		$\overline{\top}$
		•	•	•	•	•			•	•	•	•		•	•	•	•	

PATIENT EDUCATION

FIRST TRIMESTER		
	PROVIDER	COMPLETED
HIV AND OTHER ROUTINE PRENATAL TESTS	JOHNSON, JACK	07/28/2015
RISK FACTORS IDENTIFIED BY PRENATAL HISTORY	JOHNSON, JACK	07/28/2015
ANTICIPATED COURSE OF PRENATAL CARE	JOHNSON, JACK	07/28/2015
NUTRITION AND WEIGHT GAIN COUNSELING; SPECIAL DIET	JOHNSON, JACK	07/28/2015
TOXOPLASMOSIS PRECAUTIONS (CATS/RAW MEAT)	JOHNSON, JACK	07/28/2015
SEXUAL ACTIVITY	JOHNSON, JACK	07/28/2015
EXCERCISE	JOHNSON, JACK	07/28/2015
INFLUENZA VACCINE	JOHNSON, JACK	07/28/2015
SMOKING COUNSELING	JOHNSON, JACK	07/28/2015
ENVIRONMENTAL/WORK HAZARDS	JOHNSON, JACK	07/28/2015
TRAVEL	JOHNSON, JACK	07/28/2015
TOBACCO (ASK, ADVICE, ASSESS, ASSIST, AND ARRANGE)	JOHNSON, JACK	07/28/2015
ALCOHOL	JOHNSON, JACK	07/28/2015
ILLICIT/RECREATIONAL DRUGS	JOHNSON, JACK	07/28/2015
USE OF ANY MEDICATIONS (INCLUDING SUPPLEMENTS, VITAMINS, HERBS, OR OTC DRUGS)	JOHNSON, JACK	07/28/2015
INDICATIONS FOR ULTRASOUND	JOHNSON, JACK	07/28/2015
DOMESTIC VIOLENCE	JOHNSON, JACK	07/28/2015
SEAT BELT USE	JOHNSON, JACK	07/28/2015
CHILDBIRTH CLASSES/HOSPITAL FACILITIES	JOHNSON, JACK	07/28/2015
SECOND TRIMESTER	<u> </u>	<u>'</u>
SIGNS AND SYMPTOMS OF PRETERM LABOR	JOHNSON, JACK	09/22/2015
ABNORMAL LAB VALUES	JOHNSON, JACK	09/22/2015
INFLUENZA VACCINE	JOHNSON, JACK	09/22/2015
SELECTING A NEW BORN CARE PROVIDER	JOHNSON, JACK	09/22/2015
SMOKING COUNSELING	JOHNSON, JACK	09/22/2015
DOMESTIC VIOLENCE	JOHNSON, JACK	09/22/2015
POSTPARTUM FAMILY PLANNING/TUBAL STERILIZATION	JOHNSON, JACK	09/22/2015
THIRD TRIMESTER		
ANESTHESIA/ANALGESIA PLANS	JOHNSON, JACK	12/15/2015
FETAL MOVEMENT MONITORING	JOHNSON, JACK	12/15/2015
LABOR SIGNS	JOHNSON, JACK	12/15/2015
VBAC COUNSELING	JOHNSON, JACK	12/15/2015
		12/15/2015
SIGNS & SYMPTOMS OF PREGNANCY-INDUCED HYPERTENSION	LJOHNSON, JACK	
SIGNS & SYMPTOMS OF PREGNANCY-INDUCED HYPERTENSION POSTTERM COUNSELING	JOHNSON, JACK	12/15/2015
	JOHNSON, JACK	12/15/2015 12/15/2015
POSTTERM COUNSELING	JOHNSON, JACK JOHNSON, JACK	12/15/2015 12/15/2015 12/15/2015
POSTTERM COUNSELING CIRCUMCISION	JOHNSON, JACK JOHNSON, JACK JOHNSON, JACK	12/15/2015
POSTTERM COUNSELING CIRCUMCISION BREAST OR BOTTLE FEEDING	JOHNSON, JACK JOHNSON, JACK JOHNSON, JACK JOHNSON, JACK	12/15/2015 12/15/2015 12/15/2015
POSTTERM COUNSELING CIRCUMCISION BREAST OR BOTTLE FEEDING POSTPARTUM DEPRESSION	JOHNSON, JACK JOHNSON, JACK JOHNSON, JACK JOHNSON, JACK JOHNSON, JACK	12/15/2015 12/15/2015 12/15/2015 12/15/2015
POSTTERM COUNSELING CIRCUMCISION BREAST OR BOTTLE FEEDING POSTPARTUM DEPRESSION INFLUENZA VACCINE	JOHNSON, JACK JOHNSON, JACK JOHNSON, JACK JOHNSON, JACK JOHNSON, JACK JOHNSON, JACK	12/15/2015 12/15/2015 12/15/2015 12/15/2015 12/15/2015
POSTTERM COUNSELING CIRCUMCISION BREAST OR BOTTLE FEEDING POSTPARTUM DEPRESSION INFLUENZA VACCINE SMOKING COUNSELING	JOHNSON, JACK JOHNSON, JACK JOHNSON, JACK JOHNSON, JACK JOHNSON, JACK	12/15/2015 12/15/2015 12/15/2015 12/15/2015

ORDER	RESULTS	ORDER DATE	REVIEWED

ORDER	RESULTS	ORDER DATE	REVIEWED

LAB RESULTS

INITIAL LABS	DATE	RESULTS	COMMENTS
BLOOD TYPE	07/28/2015	А	
D (Rh) TYPE	07/28/2015	Positive	
ANTIBODY SCREEN	07/28/2015	Negative	
HCT/HGB/MCV	07/28/2015	37 % 11 g/dL	
PAP TEST	07/28/2015	Normal	
VARICELLA	07/28/2015	IMMUNE	
RUBELLA	07/28/2015	IMMUNE	
RPR	07/28/2015	NON-REACTIVE	
URINE CULTURE/SCREEN	07/28/2015	Normal	
HBsAg	07/28/2015	Negative	
HIV COUNSELING/TESTING	07/28/2015	Negative	
TSH			
OPTIONAL LABS	DATE	RESULTS	COMMENTS
HEMOGLOBIN ELECTROPHORESIS			
PPD			
CHLAMYDIA	07/28/2015	Negative	
GONORRHEA	07/28/2015	Negative	
CYSTIC FIBROSIS			
TAY-SACHS			
FAMILIAL DYSAUTONOMIA			
HEMOGLOBIN			
GENETIC SCREENING TESTS	08/19/2015	Normal	
OTHER			
8-20 WEEK LABS	DATE	RESULTS	COMMENTS
LII TDAOOLIND		Normal	
ULIKASOUND	08/25/2015	INOIIIIai	
ULTRASOUND 1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT			
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT	08/19/2015	Negative	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS	08/19/2015 08/19/2015	Negative Negative	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT	08/19/2015	Negative	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS 2 ND TRIMESTER SERUM SCREENING AMNIO/CVS	08/19/2015 08/19/2015	Negative Negative	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS 2 ND TRIMESTER SERUM SCREENING AMNIO/CVS KARYOTYPE	08/19/2015 08/19/2015	Negative Negative	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS 2 ND TRIMESTER SERUM SCREENING AMNIO/CVS KARYOTYPE AMNIOTIC FLUID	08/19/2015 08/19/2015	Negative Negative	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS 2 ND TRIMESTER SERUM SCREENING AMNIO/CVS KARYOTYPE	08/19/2015 08/19/2015	Negative Negative	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS 2 ND TRIMESTER SERUM SCREENING AMNIO/CVS KARYOTYPE AMNIOTIC FLUID ANTI-D IMMUNE GLOBULIN (RHIG) URINE CULTURE/SCREEN	08/19/2015 08/19/2015	Negative Negative	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS 2 ND TRIMESTER SERUM SCREENING AMNIO/CVS KARYOTYPE AMNIOTIC FLUID ANTI-D IMMUNE GLOBULIN (RHIG) URINE CULTURE/SCREEN 24-28 WEEK LABS (WHEN INDICATED)	08/19/2015 08/19/2015 10/05/2015	Negative Negative Negative	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS 2 ND TRIMESTER SERUM SCREENING AMNIO/CVS KARYOTYPE AMNIOTIC FLUID ANTI-D IMMUNE GLOBULIN (RHIG) URINE CULTURE/SCREEN 24-28 WEEK LABS (WHEN INDICATED) HCT/HGB/MCV	08/19/2015 08/19/2015 10/05/2015	Negative Negative Negative 35 % 11 g/dL	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS 2 ND TRIMESTER SERUM SCREENING AMNIO/CVS KARYOTYPE AMNIOTIC FLUID ANTI-D IMMUNE GLOBULIN (RHIG) URINE CULTURE/SCREEN 24-28 WEEK LABS (WHEN INDICATED) HCT/HGB/MCV DIABETES SCREEN	08/19/2015 08/19/2015 10/05/2015 11/25/2015 11/17/2015	Negative Negative Negative	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS 2 ND TRIMESTER SERUM SCREENING AMNIO/CVS KARYOTYPE AMNIOTIC FLUID ANTI-D IMMUNE GLOBULIN (RHIG) URINE CULTURE/SCREEN 24-28 WEEK LABS (WHEN INDICATED) HCT/HGB/MCV	08/19/2015 08/19/2015 10/05/2015 11/25/2015 11/17/2015 11/25/2015	Negative Negative Negative 35 % 11 g/dL	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS 2 ND TRIMESTER SERUM SCREENING AMNIO/CVS KARYOTYPE AMNIOTIC FLUID ANTI-D IMMUNE GLOBULIN (RHIG) URINE CULTURE/SCREEN 24-28 WEEK LABS (WHEN INDICATED) HCT/HGB/MCV DIABETES SCREEN	08/19/2015 08/19/2015 10/05/2015 11/25/2015 11/17/2015 11/25/2018\$S 1 HOUR	Negative Negative Negative 35 % 11 g/dL 154 110 200	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS 2 ND TRIMESTER SERUM SCREENING AMNIO/CVS KARYOTYPE AMNIOTIC FLUID ANTI-D IMMUNE GLOBULIN (RHIG) URINE CULTURE/SCREEN 24-28 WEEK LABS (WHEN INDICATED) HCT/HGB/MCV DIABETES SCREEN	08/19/2015 08/19/2015 10/05/2015 11/25/2015 11/17/2015 11/25/2015 11/25/2015 2 HOUR	Negative Negative Negative 154 110 200 170	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS 2 ND TRIMESTER SERUM SCREENING AMNIO/CVS KARYOTYPE AMNIOTIC FLUID ANTI-D IMMUNE GLOBULIN (RHIG) URINE CULTURE/SCREEN 24-28 WEEK LABS (WHEN INDICATED) HCT/HGB/MCV DIABETES SCREEN GTT (IF SCREEN ABNORMAL)	08/19/2015 08/19/2015 10/05/2015 11/25/2015 11/17/2015 11/25/2018\$S 1 HOUR	Negative Negative Negative 35 % 11 g/dL 154 110 200	
1ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS 2ND TRIMESTER SERUM SCREENING AMNIO/CVS KARYOTYPE AMNIOTIC FLUID ANTI-D IMMUNE GLOBULIN (RHIG) URINE CULTURE/SCREEN 24-28 WEEK LABS (WHEN INDICATED) HCT/HGB/MCV DIABETES SCREEN GTT (IF SCREEN ABNORMAL) D (Rh) ANTIBODY SCREEN	08/19/2015 08/19/2015 10/05/2015 11/25/2015 11/17/2015 11/25/2015 11/25/2015 2 HOUR	Negative Negative Negative 154 110 200 170	
1 ST TRIMESTER ANEUPLOIDY RISK ASSESSMENT MSAFP/MULTIPLE MARKERS 2 ND TRIMESTER SERUM SCREENING AMNIO/CVS KARYOTYPE AMNIOTIC FLUID ANTI-D IMMUNE GLOBULIN (RHIG) URINE CULTURE/SCREEN 24-28 WEEK LABS (WHEN INDICATED) HCT/HGB/MCV DIABETES SCREEN GTT (IF SCREEN ABNORMAL)	08/19/2015 08/19/2015 10/05/2015 11/25/2015 11/17/2015 11/25/2015 11/25/2015 2 HOUR	Negative Negative Negative 154 110 200 170	

MediTouch EHR Antepartum Report

http://www.healthfusion.com

32-36 WEEK LABS (WHEN INDICATED)	DATE	RESULTS	COMMENTS
HCT/HGB/MCV	02/09/2016	36 % 12 g/dL	
ULTRASOUND (WHEN INDICATED)	02/09/2016	Normal	
HIV (WHEN INDICATED) - CHECK STATE REQ.			
RPR (WHEN INDICATED)			
GONORRHEA (WHEN INDICATED)			
CHLAMYDIA (WHEN INDICATED)			
GROUP B STREP	12/15/2015	Negative	
		_	
		_	