

## History and Physical

<b>Patient Name:</b> Jane Doe	<b>Visit Date:</b> February 2, 2009
<b>Patient ID:</b> 15223	<b>Provider:</b> Mark Welby, MD
<b>Sex:</b> Female	<b>Location:</b> Women's Health First Scottsdale Arizona
<b>Birth Date:</b> May 9, 1986	

## Chief Complaint

- Patient requests prenatal care

## History of Present Illness

This 22 year old female, G1 P0000, LMP 12/17/2008 presents with amenorrhea and positive home pregnancy test. Based on her LMP, her EDC is 09/24/2009 and her EGA is 6 weeks, 3 days. Cycles are regular and occur approximately every 28 days. Last pap smear: Never had one.

A urine pregnancy test was positive 15 minutes ago. Her last menstrual period was normal and lasted for 5 days. Since her LMP she has experienced breast tenderness and urinary frequency. She denies nausea, emesis, vaginal bleeding, pelvic pain, back pain, abdominal pain, cramping, dyspepsia, vaginal discharge, and loss of appetite, a change in urine color, dysuria, varicosities, hemorrhoids, pica, and headaches. Her past medical history is noncontributory. This is her first pregnancy.

Since her LMP, she denies the use of alcohol, tobacco, and street drugs. She claims she has gained 4 pounds in the last 1 month.

The patient report either she or FOB is of Jewish ancestry.

There are no cats in the home.

She denies close contact with children on a regular basis.

She has had chicken pox in the past.

Patient denies issues with domestic violence.

## Genetic Screening/Teratology Counseling: (Includes patient, baby's father, or anyone in either family with:)

1. Patient's age  $\geq$  35 at EDC? No
2. Thalassemia (Italian, Greek, Mediterranean, or Asian background):  $MCV < 80$ ? No
3. Neural tube defect (meningomyelocele, spina bifida, anencephaly)? No
4. Congenital heart defect? No
5. Down syndrome? No
6. Tay-Sachs (Jewish, French Canadian)? No
7. Canavan's Disease? No
8. Sickle cell disease or trait (African)? No
9. Hemophilia or other blood disorders? No
10. Muscular dystrophy? No
11. Cystic fibrosis? No
12. Huntington's Chorea? No
13. Mental retardation/autism (if yes was person tested for Fragile X)? no
14. Other inherited genetic or chromosomal disorder? No
15. Maternal metabolic disorder (DM, PKU, etc)? no
16. Patient or FOB with a child with a birth defect not listed above? No

17. Patient or FOB with a birth defect themselves? No
18. Recurrent pregnancy loss, or stillbirth? No
19. Any medications since LMP other than prenatal vitamins (include vitamins, supplements, OTC meds, drugs, alcohol)? No
20. Any other genetic/environmental exposure to discuss? No

### **Infection History:**

1. Lives with someone with TB or TB exposed? no
2. Patient or partner has history of genital herpes? no
3. Rash or viral illness since LMP? no
4. History of STD (GC, CT, HPV, syphilis, HIV)? no

### **Physical Examination**

- Constitutional
  - Appearance : Physical exam deferred for NOB visit

### **Plan**

- Orders
  - NPN bloods: Blood count, complete (CBC), automated and automated differential WBC count (85025), Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, qualitative (ART) (86592) Antibody screen, RBC(86850), Blood typing, ABO (86900), Rh (D) (86901) (80055) - 02/02/2009
  - Cystic fibrosis (CYSTFIBR) - 02/02/2009
  - Antibody; HIV-1 and HIV-2, single assay (86703) - 02/02/2009
  - Drug screen, qualitative; multiple drug classes chromatographic method, each procedure (80100) - 02/02/2009
- Instructions
  - Avoid alcoholic beverages.
  - Patient encouraged not to smoke.
  - Discontinue the use of all non-medicinal drugs and chemicals.
  - Take prenatal vitamins daily.
  - New Prenatal Bag given.
  - New Prenatal Visit 4 weeks.
  - Nutrition, fish and cheese advisories, and exercise discussed. Referred to literature in the NPN packet.
  - Told to avoid nitrites in processed meat foods such as bacon, hot dogs, salami and pepperoni.
  - Hospital and practice style discussed with cross coverage system.

Electronically Signed by: Mark Welby M.D., on February 2, 2009 09:36:54 AM

# Patient Charts

(15551)

Facesheet Summary Documents Prenatal Flowsheet

- Select Visit
- Create Note
- Open Lab Flowsheet
- Flowsheet Options
  - Preview New Entry
  - Sign Entry(s)
  - Sign & Close Entry(s)
  - Close Entry(s)
- Sign & Close Episode

OB Problem List <a href="#">Details</a> <a href="#">Add</a>				
FINAL EDD 8/5/09 - S=D per limited sono 3/4/09		Gastric Bypass 9/19/08. - Serial growth scans		
< 12 Months between pregnancies -		Anemia of Pregnancy - Increase Fe-rich foods, confirm w/ ...		
Plans BTL - consent signed		GBS - Negative		
Version	version 3	version 2	version 2	version 2
Date (VisitID)	03/04/2009 (39205)	04/10/2009	05/06/2009	07/28/2009 (50285)
Time	03:06:44 PM			08:59:35 AM
Weeks Gestation	18 (1/7)	23 (2/7)	27	38 (6/7)
Fundal Height(cm)	20	24	28	38
Presentation				Vertex
Fetal Heart Rate(bpm)	positive	148	142	130
Fetal Movement	Positive	Positive	Positive	Positive
Contractions	- Negative	- Negative	- Negative	- Negative
Cervical Exam	0 / /	/ /	/ /	/ /
Blood Pressure	110 / 62	/	110 / 80	106 / 66
Edema	- negative	- negative	- negative	- negative
Weight(lbs)	171lbs.	177lbs.	184lbs.	192lbs.
Urine Glucose				
Urine Protein				
Next Appointment	4 weeks	4 weeks	3 weeks	1 week
Note	Late entry to ...	doing well at ...	Feeling very ti...	Baby active. ...
Superbill Summary	<a href="#">View Superbill</a>	<a href="#">View Superbill</a>	<a href="#">View Superbill</a>	<a href="#">View Superbill</a>
Provider	Jenny Davis NP	Jenny Davis NP	Jenny Davis NP	Jenny Davis NP

Pregnancy Details:	
Age/Race :	30yo/ Unknown
G # P # :	G 5 P 4 0 0 4
LMP :	10/29/2008
EDD :	LMP 08/05/2009
Init Visit :	03/04/2009
Init Wt. :	171lbs.
Init BP :	110 / 62
Medications:	
Allergies:	
Education:	

### Patient Information

**Patient Name:** Jane Doe  
**Patient ID:** 15551  
**Sex:** Female  
**Birthdate:** April 10, 1979

### Pregnancy Details

**Age/Race:** 30yo/ Unknown  
**Gravida Para:** G 5P 4 0 0 4  
**LMP:** 10/29/2008  
**EDD:** 08/05/2009 (LMP)  
**Init. Visit:** 03/04/2009  
**Init. Weight:** 171lbs.  
**Init. BP:** 110 / 62

### OB Problem List

- FINAL EDD 8/5/09 - S=D per limited sono 3/4/09
- Gastric Bypass 9/19/08. - Serial growth scans
- < 12 Months between pregnancies -
- Anemia of Pregnancy - Increase Fe-rich foods, confirm w/ GI M.D. what Fe supplement best 2ndary to bypass
- Plans BTL - consent signed
- GBS - Negative

### Encounter History

Encounter Date Time Provider (Provider Id) [Modified By]	Gest.	Fundal Ht.	Pres.	FHR	Fetal Mov.	Contractions	Cervix Exam	B.P.	Edema	Wt.	Urine Glu./Protein
03/04/2009 03:06:44 PM Davis, Jeene (1006) [djeene]	18 (1/7)	20		positive	Positive	- Negative	0 //	110 / 62	- negative	171lbs.	/
	<b>Next Appt:</b>		4 weeks		<b>Note:</b>	Late entry to care. S/P Gastric Bypass 9/19/08 in Hollywood. Unplanned pregnancy. Used Plan B in Nov. Works full-time for pain physician. Limited sono = BPD 18w4d. Rx for PNVs. Labs done, pending. Has 3 boys and baby girl, 13 mos. NOB PE = + yellow d/c. Presumptive Medical - hold on vag culture. Schedule full anatomy sono in 2 wks.					
04/10/2009 Smith, Leslie (1009) [lsmith]	23 (2/7)	24		148	Positive	- Negative	//	/	- negative	177lbs.	/
	<b>Next Appt:</b>		4 weeks		<b>Note:</b>	doing well at 23+2. pt is eating/drinking throughout the day. fasting bs (instead of gct) and cbc. f/u 4 weeks					

Encounter Date Time Provider (Provider Id) [Modified By]	Gest.	Fundal Ht.	Pres.	FHR	Fetal Mov.	Contractions	Cervix Exam	B.P.	Edema	Wt.	Urine Glu./Protein
05/06/2009 Davis, Jeene (1006) [djeene]	27	28		142	Positive	- Negative	//	110 / 80	- negative	184lbs.	/
	<b>Next Appt:</b> 3 weeks					<b>Note:</b> Feeling very tired. Taking Ferrous Fumerate once daily. Has not done CBC/FBS - order given now. Also notes increased anxiety r/t work stress, business with children. Has Xanax in past. Discussed optional SSRI use but risks a/w use in pregnancy. Pt declines at this time. IGS ordered. Dr. Pacini next visit.					
05/15/2009 09:21:57 AM Davis, Jeene (1006) [djeene]	28 (2/7)			146	Positive	- Negative	//	100 / 75		180lbs.	/
	<b>Next Appt:</b> 3 weeks					<b>Note:</b> Here today with urinary symptoms, fatigue, lightheaded feeling. UA = Large WBCs. Rx Macrobid, increased fluids, rest. Asking about disability. Advised it is not indicated at this time. Has not done CBC/FBS yet. Advised to go ASAP.					
05/28/2009 03:21:24 PM Pacini, Lilia M. MD () [mpacini]	30 (1/7)	31	Vertex	143	Positive	- Negative	//	120 / 76	- negative	182lbs.	/
	<b>Next Appt:</b> 3 weeks					<b>Note:</b> States has not had time to go to the lab for Fbg, but that she will go on Saturday. Sono last week c/w dates. Desires BTL. Consent to be signed.					
06/15/2009 02:34:11 PM Davis, Jeene NP () [djeene]	32 (5/7)	32		126	Positive	- Negative	//	92 / 60	- negative	184lbs.	/
	<b>Next Appt:</b> 3 weeks					<b>Note:</b> Normal FBS. Will repeat to confirm. Marked anemia. Has been taking QD FeSO4. Will increase to BID.					
07/06/2009 03:52:38 PM Davis, Jeene NP () [djeene]	35 (5/7)	35	Vertex	132	Positive	Braxton Hicks	//	100 / 64	- negative	190lbs.	/
	<b>Next Appt:</b> 2 weeks					<b>Note:</b> GBS today. Normal FBS x 2. LP reviewed.					
07/21/2009 09:09:29 AM Reed, Jessica CNM () [jreed]	37 (6/7)	35	Vertex	136	Positive	Braxton Hicks	//	98 / 64		192lbs.	/
	<b>Next Appt:</b> 1 week					<b>Note:</b> gbs negative; reviewed LP, fkc; needs to pre-admit; EFW 7lbs today					
07/28/2009 08:59:35 AM Davis, Jeene NP () [djeene]	38 (6/7)	38	Vertex	130	Positive	- Negative	//	106 / 66	- negative	192lbs.	/
	<b>Next Appt:</b> 1 week					<b>Note:</b> Baby active. Discussed post-dates induction @ 41 wks if undelivered.					