

ANTEPARTUM RECORD

OB-GYN SERVICES, P.C.

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FINAL EDD: _____

NAME _____ MAIDEN NAME _____
 ADDRESS _____
 TELEPHONE (H) _____ (W) _____ PREFERRED NAME _____
 SSN# _____ AGE _____ DOB _____
 RACE _____ RELIGION _____ MARITAL STATUS S M W D SEP
 EMPLOYMENT: COMPANY NAME _____ OCCUPATION _____
 F.O.B.'S NAME _____ RACE _____ SSN# _____
 EMPLOYMENT: COMPANY NAME _____ OCCUPATION _____
 INSURANCE 1. (PRIMARY) _____ AGE _____ DOB _____
 2. (SECONDARY) _____

MENSTRUAL HISTORY

LMP (DEFINITE): _____ APPROX (MONTH): _____ UNKNOWN _____
 PRIOR MENSES _____ DATE _____ MENSES MONTHLY ___Y___N FREQUENCY: Q ___ DAYS _____ NORMAL AMOUNT/DURATION _____
 ON BCP'S AT CONCEPT ___Y___N MENARCHE _____ (AGE ONSET) HCG+ ___/___/___

| | | | | | | | |
|-------------|-----------|-------|----------------|--------------------|----------|-----------------|--------|
| TOTAL PREG. | FULL TERM | PREM. | ABORT. INDUCED | ABORT. SPONTANEOUS | ECTOPICS | MULTIPLE BIRTHS | LIVING |
|-------------|-----------|-------|----------------|--------------------|----------|-----------------|--------|

PAST PREGNANCIES (LAST SIX)

| DATE MO/YR | GA WEEKS | LENGTH OF LABOR | SEX | BIRTH WEIGHT | TYPE DELIVERY | ANES. | PLACE OF DELIVERY | COMMENTS / COMPLICATIONS |
|------------|----------|-----------------|-----|--------------|---------------|-------|-------------------|--------------------------|
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| | | | | | | | | |

PAST MEDICAL HISTORY

| | 0 Neg. + Pos. | REMARKS | 0 Neg. + Pos. | REMARKS |
|--|------------------|---------|------------------|---|
| 1. DIABETES | | | | 16. Rh SENSITIZED |
| 2. HYPERTENSION | | | | 17. TUBERCULOSIS |
| 3. HEART DISEASE | | | | 18. ASTHMA |
| 4. RHEUMATIC FEVER | | | | 19. ALLERGIES (DRUGS) |
| 5. MITRAL VALVE PROPLAPSE / HEART MURMUR | | | | 20. GYN SURGERY |
| 6. KIDNEY DISEASE / UTI | | | | 21. OPERATIONS / HOSPITALIZATIONS (YEAR & REASON) |
| 7. NEUROLOGIC / EPILEPSY | | | | |
| 8. PSYCHIATRIC | | | | 22. ANESTHETIC COMPLICATIONS |
| 9. HEPATITIS / LIVER DISEASE | | | | 23. HX OF ABN PAP |
| 10. VARICOSITIES / PHLEBITIS | | | | 24. UTERINE ANOMALY |
| 11. THYROID DYSFUNCTION | | | | 25. INFERTILITY |
| 12. MAJOR ACCIDENTS | | | | 26. IN UTERO DES EXPOSURE |
| 13. HISTORY OF BLOOD TRANSFUS. | | | | 27. STREET DRUGS |
| | | | | 28. COFFEE/TEA/COLA ___ CUPS/DAY CAFFEINE DRINKS |
| 14. TOBACCO | | | | 29. CANCER |
| 15. ALCOHOL | | | | 30. OTHER |

COMMENTS: _____

NAME: _____

FAMILY GENETICS SCREENING

INCLUDES PATIENT, BABY'S FATHER OR ANYONE IN EITHER FAMILY WITH:

| | YES | NO | | YES | NO |
|---|-----|----|---|-----|----|
| 1. PATIENT'S AGE > OR = 35 YEARS | | | 12. HYPERTENSION | | |
| 2. THALASSEMIA (ITALIAN, GREEK, MEDITERRANEAN OR ORIENTAL BACKGROUND): MCV < 80 | | | 13. TWINS | | |
| 3. NEURAL TUBE DEFECT (MENINGOMYELOCELE, OPEN SPINE OR ANENCEPHALY) | | | 14. MENTAL RETARDATION IF YES, WAS PATIENT TESTED FOR FRAGILE X? | | |
| 4. DOWN SYNDROME | | | 15. OTHER INHERITED GENETIC OR CHROMOSOMAL DISORDER. HAD A CHILD WITH BIRTH DEFECTS | | |
| 5. TAY-SACHS (EG, JEWISH BACKGROUND) | | | 16. PATIENT OR BABY'S FATHER HAD A CHILD WITH BIRTH DEFECTS NOT LISTED ABOVE | | |
| 6. SICKLE CELL DISEASE OR TRAIT | | | 17. > OR = 3 FIRST-TRIMESTER SPONTANEOUS ABORTIONS OR A STILLBIRTH | | |
| 7. HEMOPHILIA | | | 18. MEDICATIONS OR STREET DRUGS SINCE LAST MENSTRUAL PERIOD. IF YES, AGENT(S): | | |
| 8. MUSCULAR DYSTROPHY | | | 19. OTHER SIGNIFICANT FAMILY HISTORY (SEE COMMENTS) | | |
| 9. CYSTIC FIBROSIS | | | | | |
| 10. HUNTINGTON CHOREA | | | 20. CANCER | | |
| 11. DIABETES | | | 21. HEART DISEASE | | |

COMMENTS: _____

| INFECTION HISTORY | | YES | NO | | | YES | NO |
|--|--|-----|----|--|--|-----|----|
| 1. HIGH RISK AIDS | | | | 5. RASH OR VIRAL ILLNESS SINCE LAST MENSTRUAL PERIOD | | | |
| 2. HIGH RISK HEPATITIS B | | | | 6. HISTORY OF STD, GC, CHLAMYDIA, HPV, SYPHILIS | | | |
| 3. LIVE WITH SOMEONE WITH TB OR EXPOSED TO TB | | | | 7. HIV TESTING | | | |
| 4. PATIENT OR PARTNER HAVE HISTORY OR GENITAL HERPES | | | | 8. OTHER (SEE COMMENTS) | | | |