

Concerns you would like addressed:

Patient:

DOB:

Date:

Change in health since previous visit?

Lab preference:

- St. Mary's Medical Center
- Bioreference Laboratory

- CHH*
- Other* _____

*I have been notified that I will need to take my labs with me today and deliver them to my lab for processing.

Pt Initials: _____

Signature:

OB Intake	completed	plan for RV
<i>Educ</i> - Diet, Vits & Exercise	completed	
GC Chlamydia Urine (first visit)	completed today	
<i>Educ</i> - Smoking & Drugs(6-10)	completed today	
PAPP-A (11-13)	would like scheduled	declines
<i>Educ</i> -Breast Feeding (11-22)	completed today	
Genetic Scr (16-20)	complete today	declines
<i>Educ</i> TDap offered (>20 wk)	would like	declines
Diabetes Scr (24-28)	completed today	plan for RV
<i>Educ</i> - Baby Safety (26-30)	completed today	
28 week labs, Rhogam (28)	complete today	plan for RV
OB consents (28)	completed today	
<i>Educ</i> - Avoid Induction (28-32)	completed today	
<i>Educ</i> - Kick Counts (30-38)	completed today	
<i>Educ</i> - GBS & Screen (36)	completed today	plan for RV
Flu Vac offered (seasonal)	would like	declines
Drug Screen	completed today	

GA:

In Room #:

WT:

Smoking: No Cigs/d:

Drugs: No Other:

BP:

U/A: Neg Other:

Notes:

Nurse Initials: _____

OB

FHR: _____

Fundal Ht: _____

Baby Activity: _____

Office Use. Details about responses/Provider notes:

Note to Scribe: All aspects of PE that are not noted above are to be considered negative.

Provider: