

Pre-Preg. Wt	Height	Age	Grav.	Term	Preterm	Ab-Ectopic	Living	LMP	EDC	Corrected EDC
119	5'1"	27	1	0	0	0	0	05-06-02	02-10-03	2/16/03

Physical Exam

Initial Prenatal Screen

Additional Labs

	WNL	ABN		WNL	ABN	Mo/Day	Test	Result	Mo/Day	Test	Result
Skin	✓		Perineum	✓		7/11	Hgb/Hct	13.7/39.2	/	Hgb/Hct	
HEENT	✓		Vulva	✓		7/11	Blood type/Rh	A +	/	Antibody	
Heart	✓		Vagina	✓		7/11	Antibody	Neg.	/		
Lungs	✓		Cervix	✓		7/11	RPR	NR	/		
Breast	✓		Uterus	✓		7/11	Rubella	Not Imm.	/		
Abdomen	✓		Adnexa	✓		7/11	TSH	1.12	1/24	1 hr. GTT	84
Extremities	✓		Rectum			7/16	PAP	WNL	/	3 hr. GTT	F

Bony Pelvis: ☒ Adequate ☐ Borderline ☐ Contracted

Notes:

7/11	Chlamydia	Neg	/		2
7/11	Hepatitis B	Neg	/		3
8/23	AFP	Neg X3	/		
7/11	UA	(+) Tdx	/		

Ultrasound Exam	Date	Est. Gest.	FHR	# of Fetus	Notes
	7-16-02	10 wld	179	1	Single active fetus. ⊕ Cardiac motion, EOC 21003
	9/24/02	19 3/4 (2/16/03)	154	1	No Gyn Ant. plac. No pain. Normal fetus. Normal fluid. 3

Flow Chart

Date	Gest. Age	Weight	BP	Glucose	Urine	Fundal Ht.	Fetal heart	Presentation	Edema	Preg. Risk	Next Appt.	Notes
07-11-02	-	-	-	-	-	-	-	-	-	-	-	INTAKE DONE. LABS ORDERED, BOOK, PACKET, C.F. INFO GIVEN. PT TAKING OTC PNV'S.
7-16	10' 12 1/2	118	110/74	NR	TR	18	179	-	-	L 5	-	No c/o problems. Spotting a pap - pt. reassured. <u>UM</u>
7-17	-	-	-	-	-	-	-	-	-	-	-	Pt. advised per Dr. Estraki, ⊕ UTI. Ampicillin 500mg QID x 7 days - Long scenic/Oakdale Rd. <u>UM</u>
8-20	15'	128	116	NR	NR	18	179	⊖	-	L 5	-	AFP now. U/S next wk. ⊕ pressure. Cr closed, short UTI. R'd, 7/02. Re ✓ UA. <u>R</u>
9-16	20'	144	120	NR	NR	18	179	⊖	-	L 5	-	Pt. concerned re: incomp. test cp 20 core-bp in past. After 3d pelvic pressure 3d ago. On exam: cr closed but n/c on long U/S done. ⊕ funneling & cr = 3.5-4.0 cm and int as closed. Pt reassured. With n/c & next U/S in 2 wks. A. notified of UA. Rx called to Longs. <u>CB</u>
9-16	20'	144	120	NR	NR	18	179	⊖	-	L 5	-	Phone: Pt calls p finishing 10d Abx for UTI. Pt reports vaginal burning & itching & minimal vag dk. Pt used new soap that irritated vulva as well. Recommended: Mometil OTC. Call back if ss not improved. <u>R</u>
9-24	20'	131	118	NR	NR	18	154	B	⊖	L 5	-	No complaints. <u>PM</u>
9-29	25'	144	120	NR	NR	25	150	-	⊖	L 4	-	20ul labs. Dismissed w/ gain/exercise. <u>(R)</u>
10-6	30'	150	120	NR	NR	27	150	-	⊖	L 4	-	Phone: Pt calls & reports episode (last wk & walking 20 min) but wk then again this wk (today) but pt not exercise & if she does to do it later in day. <u>R</u>
10-8	30'	150	120	NR	NR	27	150	-	⊖	L 4	-	Phone: Pt calls & reports SOB & walking - denies syncope. Self care measures. <u>CB</u>
10-28	32'	150	120	NR	NR	27	150	-	⊖	L 4	-	Completed Lamaze. ⊕ Active fm. also p/r swelling hands & ankles. Dismissed w/ gain. <u>(T)</u>
11-23	32'	150	120	NR	NR	27	150	-	⊖	L 4	-	⊕ fm active. <u>(T)</u>

Name: **LACI PETERSON**

Soc. Sec. No. **566-99-7662**

Date Of Birth: **05-04-75**

Address 523 COVENA AVE.		City MODESTO	State CA	Zip 95354	Hospital of Delivery
Age 27	Preferred Language ENGLISH	Marital Status S <input checked="" type="radio"/> M <input type="radio"/> W <input type="radio"/> D <input type="radio"/> Sep	Occupation SUBSTITUTE TEACHER	Phone No. 524-2049	Alternate No. 402-8806 HUSBAND CELL

Name Of Child's Father

SCOTT PETERSON

Menstrual History	Menarche 11	Cycle <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	Duration 5	Amount MOD	LMP 05-06-02 <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Symptoms																																																																													
Pregnancy History	Grav. 1	Term 0	Prod 0	Ab-Ectopic 0	Living 0																																																																														
<table border="1"> <thead> <tr> <th>Date</th> <th>Sex</th> <th>Birth Wt.</th> <th>Gest. Wks.</th> <th>Hrs. Labor</th> <th>Type Del.</th> <th>Comments</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						Date	Sex	Birth Wt.	Gest. Wks.	Hrs. Labor	Type Del.	Comments	1							2							3							4							5							6							7							8							9							10							Nausea Vomiting Constipation Infectious Dx Vaginal Discharge Edema Abdominal Pain Urinary Complaints Bleeding Headache Dizzy
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MEDICAL HISTORY		Patient	Family	Notes
1	Congenital Anomalies	-	-	
2	Genetic Diseases	-	-	
3	Multiple Births	-	+	PGF IS A TWIN - PGGM HAD 2 SETS OF TWINS
4	Diabetes	-	+	PGF - ADULT ONSET
5	Thyroid / Endocrine Dx	-	-	
6	Heart Disease	-	+	PGF, MOM
7	Hypertension	-	-	
8	Rheumatic Triad	-	-	
9	Pulmonary Disease	-	-	
10	GI Problems	-	-	
12	Renal Dx / Urinary Tract	-	-	
13	Infertility / D.E.S.	-	-	
14	Infectious Dx	-	-	
15	Malignancies	-	+	PGM LUNG CA
16	Convulsive Disorder	-	+	P-AUNT
17	Nervous / Mental Abn	-	-	
18	Anemia / Hemoglobinopathy	-	-	
19	Venereal Dx	+	-	PT. DX'D W/ HERPES AT AGE 15
20	Blood Transfusion	+	-	1981 DONOR BLOOD - <i>transfusion surgery</i>
21	Operations / Accidents	+	-	STOMACH TUMOR, RT. TUBE AND OVARY REMOVED AS CHILD
22	Other Hospitalizations	-	-	
23	Phlebitis / Varicosities	-	-	
24	Smoke / ETOH	-	-	
25	Substance Abuse	-	-	
26	Drug Sensitivities	-	-	
27	Other Allergies	-	-	
28	Chicken Pox	+	-	
29	Abnormal PAP	+	-	HX OF CIN111/ CONE BX '97, 6 MOS REPEAT PAP ABNL. CRYO, NOW WNL
30				

Last Contraceptive ☐ None

Type: **OCP'S**

Last used: **12/'00**

Medications since LMP ☒ None

Routine Plans

- ☒ PNVits ☐ Ff ☐ Fe *W*
☒ Newborn Screening Test Info *W*
☒ HIV ~~XXXXXX~~ OFFERED *W*
☒ Genetic Screening Questionnaire *W*
☐ Cystic Fibrosis Counseling

☐ Vag. Delivery ☐ C/S ☐ VBAC

Childbirth Education ☐ Yes ☐ No

Anesthesia:

Breast Feeding ☐ Yes ☐ No

Family Planning:

Newborn Care:

Primary Care:

- HX HSV - ϕ outbreak since age 15.
 - Cone bx 1997 + cryo. 6 mos \bar{P} . (CIN II).

Name:

Laci Peterson

Age:

27

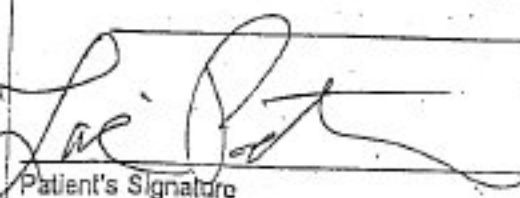
Today's Date:

7/11/02

Date Of Birth:

5/4/75

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| 1. Will you be 35 years or older when the baby is due? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Have you, the baby's father, or anyone in either of your families ever had any of the following disorders?
* Down Syndrome (mongolism)
* Other chromosomal abnormality
* Neural tube defect i.e. spina bifida (meningomyelocele or open spine), anencephaly
* Hemophilia
* Muscular dystrophy
* Cystic fibrosis
If yes, indicate the relationship of the affected person to you or the baby's father: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Do you or the baby's father have a birth defect?
If yes, who has the defect and what is it? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. In any previous marriages, have you or the baby's father had a child born dead or alive with a birth defect listed in question 2 above? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Do you or the baby's father have any close relative with mental retardation?
If yes, indicate the relationship of the affected person to you or the baby's father: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Do you, the baby's father or a close relative in either of your families have a birth defect, any familial disorder or a chromosomal abnormality not listed above?
If yes, indicate the condition and relationship of the affected person to you or the baby's father: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. In any previous marriages, have you or the baby's father had a stillborn child or three or more first-trimester spontaneous pregnancy losses? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Have either of you had a chromosomal study?
If yes, indicate who and the results: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Are you or the baby's father of Jewish ancestry?
Have either of you been screened for Tay-Sachs disease?
If yes, indicate who and the results: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are you or the baby's father of Black ancestry?
Have either of you been screened for Sickle Cell Trait?
If yes, indicate who and the results: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Are you or the baby's father of Italian, Greek or Mediterranean background?
Have either of you been tested for B-Thalassemia?
If yes, indicate who and the results: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Are you or the baby's father of Philippine or Southeast Asian ancestry?
Have either of you been tested for A-Thalassemia?
If yes, indicate who and the results: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Excluding iron and vitamins, have you taken any medications or recreational drugs since being pregnant or since your last menstrual period? (include nonprescription drugs)
If yes, give name of medication and time taken during pregnancy: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |


Patient's Signature

Date:

7/11/02

05-01

WT: 125 HT: 5'1"

B/P: 124/78 LMP: 5.23.01 NEW ANNUAL EXAM

Laci Peterson

05-04-75

June 5, 2001

NAME

PETERSON, LACI

05-04-75

HISTORY: Patient is a 26 year old G 0 P 0 Caucasian female here for her annual GYN exam. This is her first visit to this office. The patient states she was previously on OCP's for contraception and quit in December. At this time she is planning on pregnancy at the end of this year. The patient's GYN history is significant for previous abnormal pap smear in 1997 followed by laser cervical cone for a history of dysplasia. This was then followed by cryotherapy six months after the laser cone. The patient states she then had normal pap smears since that time. She has normal menstrual cycles every month. The patient also had a previous exploratory laparotomy at age seven years for possible left dermoid tumor. The patient states she had her left ovary and tube removed, and the tumor contained teeth and hair. Her PCP is not established at this time. Current medications none. The patient is married, employed as a substitute teacher and lives in Modesto. Smoke history is denied and occasional alcohol use with approximately four glasses a week. **She has no known allergies to medications.** Family history is negative for major medical problems.

PHYSICAL: Height is 5' 1". Weight is 125 pounds. Blood pressure is 124/78. In general the patient is a cooperative Caucasian female in no acute distress. PERR. Pharynx is benign. Neck is supple. No thyromegaly is appreciated. Lungs are clear to auscultation. Heart has regular rate and rhythm. The breasts are without distinct masses or tenderness and no nipple discharge. Monthly breast self-exam is reviewed. The abdomen is soft and non-tender with no palpable masses, no hepatosplenomegaly and no rebound tenderness. The patient does, however, have a well healed extended mid-line vertical incision from her previous exploratory laparotomy at age seven for removal of probable ovarian dermoid tumor from her left adnexa. Pelvic examination shows the external genitalia without lesions. The vaginal vault and cervix are without gross lesions and no cervical motion tenderness. The uterus is normal in size and contour, mobile and non-tender. There is no adnexal mass or tenderness.

ASSESSMENT: Normal GYN exam.

PLAN: A pap smear was collected today. GC and chlamydia cultures were also collected. I discussed with the patient the importance of increased folic acid in her diet. I also discussed with the patient to stop alcohol use at this time since she is planning to achieve pregnancy. She will follow up for her next annual or as needed.

①

ET/r