

## Document Preview

**Patient Name:**  
**Patient ID:**  
**Sex:**  
**Birthdate:**



**Create Date:** September 8, 2014

**Pregnancy Details**

Age/Race: 35yo/ Unknown      Init. Visit: 05/27/2014  
 Gravida Para: G 3P 0 0 2 0      Init. Weight: 168 lbs. 3 oz.  
 LMP: 03/19/2014      Init. BP: 108 / 68  
 EDD: 12/24/2014 (LMP)

**OB Problem List**

- AMA - CFDNA
- FOB - Sid
- Occ: MD children's psych at Children's -
- TSH 3.4 1st trimester - repeat 2nd trimester - 2.9 at 18 weeks repeat at 24 weeks
- Family history DM - check HgbA1c - check Glucola 24 weeks
- TDAP - after 28 weeks
- Anemia - hct 31 at 18 weeks - she is on iron
- CLASSES, PEDS - Reviewed - peds list
- GENDER -

**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./Pr
05/27/2014 12:53:53 PM Billish PA-C, Michelle () [mbillish]	9 (6/7)			positive			//	108 / 68		168 lbs. 3 oz.	/
	<b>Next Appt:</b>		1 month		<b>Note:</b>	see initial OB note.					
05/28/2014 Kimelman MD, Judith () [jkimelman]	10						//	/			/
	<b>Next Appt:</b>				<b>Note:</b>	LM to introduce and congrats.					
06/17/2014 09:22:50 AM Kimelman MD, Judith () [jkimelman]	12 (6/7)			positive			//	110 / 70		166 lbs. 5 oz.	- negative / - ne
	<b>Next Appt:</b>		4 weeks		<b>Note:</b>	Needs TSH, HgbA1C with AFP next visit. Discussed weight loss but no nausea no appetite.					
07/23/2014 02:15:17 PM Kimelman MD, Judith () [jcrossby]	18	18		positive			//	116 / 72		171 lbs. 3 oz.	- negative / - ne
	<b>Next Appt:</b>		4 weeks		<b>Note:</b>	Appetite improved, starting to gain a little. Labs today.					
08/22/2014 02:42:08 PM Kimelman MD,	22 (2/7)	24		positive	Positive		//	/		174 lbs.	- negative / - ne

Judith () [jkimelman]				
	<b>Next Appt:</b>	4 weeks	<b>Note:</b>	By her scale she has gained 3.4# since she lost weight in the beginning. She gained only 1 pound over the last month. She is eating well. Will do TSH and glucola at 24 weeks.

**Education**

- HIV and other routine prenatal tests -- 05/27/2014 - Michelle Billish
- Risk factors identified by prenatal history -- 05/27/2014 - Michelle Billish
- Anticipated course of prenatal care -- 05/27/2014 - Michelle Billish
- Nutrition and weight gain counseling; Special Diet -- 05/27/2014 - Michelle Billish
- Exercise -- 05/27/2014 - Michelle Billish
- Enviromental/Work hazards -- 05/27/2014 - Michelle Billish
- Travel -- 05/27/2014 - Michelle Billish
- Use of any medications(Including supplements,vitamins,herbs, or OTC drugs -- 05/27/2014 - Michelle Billish
- Childbirth classes/Hospital facilities -- 05/27/2014 - Michelle Billish
- Cord Blood Donation -- 05/27/2014 - Michelle Billish
- Influenza vaccine -- 05/27/2014 - Michelle Billish

09/08/2014 12:55 FAX 206 233 9657  
 [Lab Flowsheet] [155002]

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0003/0012  
 [9/8/2014] Page 2 of 2

Lab Name	Date Received	Result	Reviewed	Note
HGB/HCT	09/04/2014	HCT %: 31.4		9/8/14- TC pt informed of low HCT result. Pt to take FE daily . Jaddis
Diabetes Screen	09/04/2014	128		9/8/14- TC pt informed of NL result. Jaddis
GTT (if screen positive)				
D (RH) Antibody Screen				
D Immune Globulin (RhIG) Given (28 weeks)				
TSH	09/04/2014	2.32		9/8/14- TC pt informed of nl results jaddis

**32-36 Week Labs**

Lab Name	Date Received	Result	Reviewed	Note
Ultrasound				
VDRL				
GC				
Chlamydia				
HGB/HCT				
Group B Strep				
HIV		Negative		

**Optional Labs**

Lab Name	Date Received	Result	Reviewed	Note
HGB Electrophoresis				
GC				
Chlamydia				
PPD				
Sickle Cell Screen				

**8-18 Week labs**

Lab Name	Date Received	Result	Reviewed	Note
Ultrasound	05/07/2014	single IUP + cardiac activity, 9w1d		
MSAFP/Multiple Markers	07/24/2014	Negative		Pt notified SMD.
Amnio/CVS				
Karyotype				
Amniotic Fluid				
Diabetes Screen				
GTT (if screen positive)				
HgA1c TSH HCT	07/24/2014	HgA1c 5.5, TSH 2.900, HCT 31.8		Pt notified SMD
Ultrasound	08/15/2014	20w5d, Single live IUP, no trisomy 21 markers noted, no fetal anatomic abnormalities.		

## History and Physical

**Patient Name:**  
**Patient ID:**  
**Sex:**  
**Birthdate:**

**Visit Date:** May 27, 2014  
**Provider:** Michelle L. Billish, PA-C  
**Location:** Seattle Obstetrics and Gynecology Group  
**Location Address:** 1101 Madison Street Suite 950  
Seattle, WA 98104-3592  
**Location Phone:** (206) 682-5800

### Chief Complaint

- Patient requests prenatal care

### History Of Present Illness

This 34 year old female , G3 P0020 , LMP 03/19/2014 presents with amenorrhea and positive home pregnancy test.

She is a new patient. She found our practice through a social media site. The pt and her husband are Indian. [redacted] is an MD at [redacted]. She transferred her care from a different OB/GYN office as she was not satisfied. OB collected there and documents have transferred.

Based on LMP, her EDC is 12/24/2014 and her EGA is 9 weeks , 6 days. Based on ultrasound today, her EDC is 12/29/2014 and her EGA is 9 weeks , 1 day Based on this information her official EDC is 12/24/2014 due to regular cycles. Cycles occur every 33 days.

Last pap smear: 2013 Results: Normal and HPV negative

Since her LMP she has experienced nausea, cramping, breast tenderness, and fatigue. She denies emesis, vaginal bleeding, pelvic pain, back pain, abdominal pain, dyspepsia, vaginal discharge, loss of appetite, a change in urine color, urinary frequency, dysuria, varicosities, hemorrhoids, pica, headaches, fever, infection, and vaginal spotting.

Her past medical history is noncontributory. She has a history of medical termination x 2 (2009).

Since her LMP, she denies the use of alcohol, tobacco, and street drugs.

She claims her weight has not changed.

The patient report neither she or FOB is of Jewish ancestry.

The patient is indian.

There are no cats in the home .

She has never had chicken pox in the past. Pt was vaccinated in 10/2013.

Issues with domestic violence= NO

Patients age at time of delivery over 35 > /= YES

[Digital Signature Validated]

**Patient, baby's father, or anyone in either family with:**

1. Thalassemia: NO
2. Neural tube defect (meningomyelocele, spina bifida, anencephaly)? NO
3. Congenital heart defect? NO
4. Down syndrome? NO
5. Tay-Sachs (Jewish, French Canadian)? NO
6. Sickle cell disease or trait (African)? NO
7. Hemophilia or other blood disorders? NO
8. Cystic fibrosis? NO
9. Other inherited genetic or chromosomal disorder? NO
10. Maternal metabolic disorder (DM, PKU, etc)? NO
11. Patient or FOB with a child with a birth defect not listed above? NO
12. Patient or FOB with a birth defect themselves? NO
13. Recurrent pregnancy loss, or stillbirth? NO
14. Any medications since LMP other than prenatal vitamins (include vitamins, supplements, OTC meds, drugs, alcohol)?  
MEDICATION LIST
15. Any other genetic/environmental exposure to discuss? NO
16. Other: OTHER

**Infection History:**

1. Patient or partner has history of genital herpes? NO
2. Rash or viral illness since LMP? pt reports a fever 99.7 temp with some chills x 1 day
3. History of STD (GC, CT, HPV, syphilis, HIV)? NO

4. Recent vaccines: influenza, hep B, MMR, and - 2013 for the start of her fellowship at Children's

5. Other: OTHER?

**OB Class**

Pt did not attend OB class through our office. We discussed the following during her visit: SEQ screening, Quad screening, NT ultrasound, CF screening, AMA including CVS and amnio, First trimester information, Swedish information, Call schedule, website, brochures and handouts, and after hours call in. She would like to proceed with the following tests: CFDNA.

**Past Medical History**

Disease Name	Date Onset	Notes
Herpes Simplex	--	Type 1
Last Pap	9/24/2013	WNL

**Medication List**

Name	Date Started	Instructions
Prenatal oral		--

**Allergy List**

Allergen Name	Date	Reaction	Notes
No Known Drug Allergy	--	--	--

**Family Medical History**

Disease Name	Relative/Age	Notes
CVA (Cerebrovascular accident)	/	--
	Grandmother (maternal)/	
DM Type II	/	--
	Father/	
	Grandmother (paternal)/	
Hypertension	/	--
	Father/	
	Grandmother (paternal)/	

**Reproductive History**

**Menstrual**

Age Menarche: 13      Cycle Interval(Days): 33      Menses Duration(Days): 6  
 Flow: Medium      Last Menstrual Period: 03/19/2014      Method of Birth Control: None

**Pregnancy Summary**

Total Pregnancies: 3      Full Term: 0      Premature: 0  
 Ab Induced: 2      Ab Spontaneous: 0      Ectopics: 0  
 Multiples: 0      Living: 0

**Social History**

Finding	Status	Start/Stop	Quantity	Notes
Alcohol	Former	-/-	--	--
Has never smoked	--	-/-	--	--
Has never used recreational drugs	--	-/-	--	--
Married	--	-/-	--	

Minimal Amount of Exercise (Once weekly or less)	--/--	--	--
PCP:DOES NOT HAVE ONE	--/--	--	--
Post-graduate Studies/Degree	--/--	--	--
Sexually active	--/--	--	--
Uses seat belts	--/--	--	--

**Review of Systems**

**HENT**

- o Denies : headaches

**Breasts**

- o Denies : swelling

**Respiratory**

- o Denies : shortness of breath

**Genitourinary**

- o Denies : urgency, frequency, dysuria

**Integument**

- o Denies : rash

**Physical Examination**

**Constitutional**

- o Appearance : well-nourished, well developed, alert, in no acute distress

**Neck**

- o Lymph Nodes : no lymphadenopathy present
- o Thyroid : gland size normal, nontender, no nodules or masses present on palpation

**Breasts**

- o Inspection of Breasts : breasts symmetrical, no skin changes, no discharge present
- o Palpation of Breasts and Axillae : no masses present on palpation, no breast tenderness
- o Axillary Lymph Nodes : no lymphadenopathy present

**Gastrointestinal**

- o Abdominal Examination : abdomen nontender to palpation, normal bowel sounds, tone normal without rigidity or guarding, no masses present
- o Liver and spleen : no hepatomegaly present, liver nontender to palpation
- o Hernias : no hernias present

**Genitourinary**

- o External Genitalia : normal appearance for age, no discharge present, no tenderness present, no inflammatory lesions present
- o Vagina : normal vaginal vault without central or paravaginal defects, no discharge present, no inflammatory lesions present, no masses present
- o Cervix : appearance healthy, no lesions present, no cervical motion tenderness, no bleeding present, long, closed, cervix consistency normal, position posterior
- o Uterus : nontender to palpation, no masses present, contour: smooth to palpation, position midline/midplane, size normal, shape normal, mobility: normal
- o Adnexa : no adnexal tenderness present, no adnexal masses present
- o Perineum : perineum within normal limits, no evidence of trauma, no rashes or skin lesions present
- o Inguinal Lymph Nodes : no lymphadenopathy present

**Skin**

- o General Inspection : no rashes present, no lesions present, no areas of discoloration
- o General Palpation : no abnormalities or tenderness on palpation

**Neurologic/Psychiatric**

- o Mental Status :
  - Orientation : grossly oriented to person, place and time
  - Mood and Affect : mood normal, affect appropriate

**In Office Procedure Results**



TVUS reveals an IUP with cardiac activity measuring 9 weeks and 1 day

### **Assessment**

- First Normal Pregnancy V22.0
- Elderly Primigravida 659.53

### **Plan**

#### **Orders**

- Ultrasound, pregnant uterus, transvaginal (76817) - - 05/27/2014

#### **Instructions**

- Avoid alcoholic beverages.
- Patient encouraged not to smoke.
- Discontinue the use of all non-medicinal drugs and chemicals.
- First Trimester Screening discussed. Nuchal translucency, first trimester and sequential screening all discussed, as well as referral to Genetics clinic for discussion and/or invasive testing such as CVS or Amnio. These tests are available to all patients. Referral given for CFDNA screening.
- Take prenatal vitamins daily.
- Told to avoid nitrites in processed meat foods such as bacon, hot dogs, salami and pepperoni.
- Hospital and practice style discussed
- Handouts were provided
- Three ultrasounds are generally offered to patients during their pregnancy, one at their first visit and then at 18-20 weeks, and then with the first trimester sequential or integrated testing. The patient is aware not all these ultrasounds may be covered by her insurance. She may choose to decline any ultrasounds or testing.
- She is urged to call me, her primary OB or the office with any questions or concerns. She is aware the clinic has a triage nurse who is available during business hours. After hour coverage has been discussed.

**Electronically Signed by:** Michelle Billish, PA-C -Author on May 27, 2014 02:01:19 PM

**Electronically Co-signed by:** Judith M. Kimelman, MD -Reviewer on May 27, 2014 03:55:38 PM