

# OB Patient Clinical Symptoms Worksheet

*NOT part of permanent medical record*

Name \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Today's Date: \_\_\_/\_\_\_/20\_\_\_

Due Date: \_\_\_\_\_ (EGA: \_\_\_ w \_\_\_ d)

BP: \_\_\_/\_\_\_ HR: \_\_\_ RR: \_\_\_  
 Temp: \_\_\_ Wt: \_\_\_ O2% \_\_\_ Ht: \_\_\_  
 Blood Type: \_\_\_ BMI: \_\_\_

## OB Questions

- |                           |          |                          |
|---------------------------|----------|--------------------------|
| Vaginal Bleeding?         | Yes / No |                          |
| Mucous / Discharge?       | Yes / No | G ___ P _____            |
| Cramps / Contractions?    | Yes / No | Full/Preterm/Mis/Living  |
| Burning in urine?         | Yes / No | FHT: _____               |
| Pelvic pressure?          | Yes / No |                          |
| Rupture of Membranes?     | Yes / No | FH: _____                |
| Fetal movement?           | Yes / No | Fundal Height(>20 weeks) |
| Taking iron?              | Yes / No |                          |
| Taking prenatal vitamins? | Yes / No |                          |

Drug Allergies? \_\_\_\_\_  
 Do you SMOKE? **YES/NO** How much? \_\_\_\_\_  
 For how long? \_\_\_\_\_

Drink beer, alcohol? **YES/NO**

Last menstrual period: \_\_\_/\_\_\_/20\_\_\_

Other concerns I would like to discuss if there is time: \_\_\_\_\_

## Check all that apply

- I have prescriptions that need to be refilled.
- I need patient assistance with my medications.
- I was recently seen in the Emergency Room or Hospital: \_\_\_\_\_
- I recently saw another doctor: \_\_\_\_\_
- I want results of recent tests (Labs, Xray, etc.).
- I need a school or work excuse.
- I need a referral for my insurance company.
- I need forms filled out.
- I would appreciate prayer today.

Pre-pregnancy Weight: \_\_\_\_\_  
 Weight today: \_\_\_\_\_

Diet: \_\_\_\_\_

Snacks: \_\_\_\_\_

B: \_\_\_\_\_

L: \_\_\_\_\_

D: \_\_\_\_\_

Office Use Only: (PCP: \_\_\_\_\_ )

## Record Release for:

Name \_\_\_\_\_ Specialty: \_\_\_\_\_ City/Hospital: \_\_\_\_\_  
 Name \_\_\_\_\_ Specialty: \_\_\_\_\_ City/Hospital: \_\_\_\_\_

Follow-up Instructions (see reverse for schedule of Providers):

OB Visits	Medical	Provider	Education
<b>Initial OB Visit</b>	ACOG / Medicaid Referral Number / Labs / PAP / Medical & Rx Review <b>HITS Screening</b>	<i>Resident Prenatal Clinic (Monday or Thursday morning)</i>	Ed. Handouts, PN Vitamin Chronic Medical Conditions <b>HTN / DM – UrProtein:Cr Hx/FamHx DM. BMI &gt;30 – 1hr GTT</b>
<b>Initial Physician Visit</b>	Review, Ultrasound ( <i>not Pam</i> )	<i>Resident Prenatal Clinic (Monday or Thursday morning)</i>	Nausea (provide handout) <i>* schedule US, GTT, &amp; PNC visits *</i>
<b>12 weeks</b>	Weight, Start Baby Aspirin if risk factors	(Nikki Savage, CRNP)	
<b>16 weeks</b>	Quad screen, 17-OH-Progesterone if Hx: pre-term deliveries	<b>Centering Session 1</b> Program overview, nutrition (Nikki)	Nutrition
<b>20 weeks</b>	Ultrasound ( <i>20wk minimum; Pam</i> ) AHN #2 ( <i>19-26 weeks</i> ) <b>HITS Screening</b>	<b>Centering Session 2:</b> Common complaints of pregnancy, exercise, oral health (Nikki Savage, CRNP)	
<b>24 weeks</b>	<b>1hr GTT, CBC</b> Rh antibody screen if Rh negative	<b>Centering Session 3:</b> Relaxation/stress reduction, breastfeeding, parenting (*or* Resident Prenatal Clinic)	<b>Fetal movement counting</b> Pelvic pain Depression Coming to CMC for newborn care?
<b>28 weeks**</b> <i>Begin more frequent visits for HTN, DM, etc</i>	<b>Tdap, ±RhoGam *</b> Ultrasound ( <i>not Pam</i> ) <i>(resident to practice US for growth, presentation, and AFI)</i>	<b>Centering Session 4:</b> Relationship issues, sexuality, contraception, preterm labor (*or* Resident Prenatal Clinic)	<b>PTL / PPROM</b> Breastfeeding Birth Control Handouts ±BTL Papers
<b>30 weeks</b>	<b>HTN/DM?</b> <i>(consider NST/AFI vs. BPP)</i> <i>(consider growth scan)</i> <b>HITS Screening</b> <b>*Verify if TDAP was given</b>	<b>Centering Session 5:</b> Signs of labor, birth procedures, personal goals update (*and* JBWaits Thurs am visit)	<b>Hospital Planning / Induction / Repeat C-section / Epidural / HTN, DM, RhoGam check</b>
<b>32 weeks</b>	<b>CBC, RPR, HIV, GC/Chlam</b> AHN #3 ( <i>32-36 weeks</i> ) <b>*Verify if TDAP was given</b>	<b>Centering Session 6:</b> Labor/birth continued, pediatric care resources (*or* Resident Prenatal Clinic)	Breastfeeding Medicaid Providers Depression
<b>34 weeks</b>	<b>*Verify TDAP was given</b>	<b>Centering Session 7:</b> New baby care, breastfeeding, siblings, oral health (*or* Resident Prenatal Clinic)	Car seat @ session 7
<b>35 weeks</b>	<b>GBS &amp; US for presentation</b> <i>(if Penicillin allergic, order GBS with sensitivities)</i>	<i>(Resident Prenatal Clinic)</i>	Breastfeeding Coming to CMC for newborn care?
<b>36 weeks</b>	<b>Stay focused until the finish line:</b> <ul style="list-style-type: none"> <li>• <b>Presentation</b> confirmed?</li> <li>• <b>Laboratory</b> all performed?</li> <li>• <b>GBS status?</b> <i>... with PCN sensitivities?</i></li> <li>• <b>HTN/DM?</b> <i>... consider NST/AFI vs. BPP</i> <i>... consider growth scan</i></li> <li>• Indications exist for <b>earlier intervention?</b></li> <li>• start eRx if hx of HSV</li> </ul>	<b>Centering Session 8</b> Emotional adjustment postpartum, support system, birth concerns (*or* Resident Prenatal Clinic)	
<b>37 weeks</b>		<i>(Resident Prenatal Clinic)</i>	
<b>38 weeks</b>		<b>Centering Session 9:</b> Birth concerns/stories, postpartum issues, playing with your baby (*and* induction attending needs final visit before delivery)	
<b>39 weeks</b>		<i>(Resident Prenatal Clinic)</i>	
<b>40 weeks</b>		<b>Centering Session 10:</b> Continued birth stories pregnancy/birth/postpartum newborn <i>(Resident Prenatal Clinic)</i>	
<b>Postpartum</b>	PAP ( <i>if appropriate</i> ), 2hr GTT AHN #4 (should be done in hospital) <b>HITS Screening</b>	<i>(Resident Prenatal Clinic)</i>	Breastfeeding Depression

\* RhoGam only for Rh Negative

\*\* More frequent visits for HTN, DM, etc.