

Note for Jane Doe on 4/10/04 - Chart 5407

CHIEF COMPLAINT (1/1): This 32 year-old female presents today for an initial obstetrical examination.

Home pregnancy test was positive.

The patient indicates fetal activity is not yet detected (due to early stage of pregnancy).

LMP: 02/13/2004 EDD: 11/20/2004 GW: 8.0 weeks.

Patient has been trying to conceive for 6 months.

Menses: Onset: 12 years old. Interval: 24-26 days. Duration: 4-6 days. Flow: moderate. Complications: PMS - mild.

Last Pap smear taken on 11/2/2003.

Contraception: Patient is currently using none.

Allergies: Patient admits allergies to venom - bee/wasp resulting in difficulty breathing, severe rash, pet dander resulting in nasal stuffiness.

Medication History: None.

Past Medical History: Past medical history is unremarkable.

Past Surgical History: Patient admits past surgical history of tonsillectomy in 1980.

Social History: Patient admits alcohol use Drinking is described as social, Patient denies illegal drug use, Patient denies STD history, Patient denies tobacco use.

Family History: Patient admits a family history of cancer of breast associated with mother.

Review of Systems: Neurological: (+) unremarkable, **Respiratory:** (+) difficulty sleeping, (-) breathing difficulties, respiratory symptoms, **Psychiatric:** (+) anxious feelings, **Cardiovascular:** (-) cardiovascular problems or chest symptoms, **Genitourinary:** (-) decreased libido, (-) vaginal dryness, (-) vaginal bleeding.

Diet is high in empty calories, high in fats and low in fiber.

Physical Exam: BP Standing: 126/84 Resp: 22 HR: 78 Temp: 99.1 Height: 5 ft. 6 in. Weight: 132 lbs.

Pre-Gravid Weight is 125 lbs.

Patient is a 32 year old female who appears pleasant, in no apparent distress, her given age, well developed, well nourished and with good attention to hygiene and body habitus.

Oriented to person, place and time.

Mood and affect normal and appropriate to situation.

HEENT: Head & Face: Examination of head and face is unremarkable

Thyroid is smooth and symmetric with no enlargement, tenderness or masses noted.

Neck is full and supple. There are no masses. Trachea is midline. No bruits.

Skin: No skin rash, subcutaneous nodules, lesions or ulcers observed.

No edema observed.

Cardiovascular: Heart auscultation reveals no murmurs, gallop, rubs or clicks.

Respiratory: Lungs clear to auscultation with no rubs noted.

Breast: Chest (Breasts): Breast inspection and palpation shows no abnormal findings

Abdomen: Abdomen soft, nontender, bowel sounds present x 4 without palpable masses.

Genitourinary: External genitalia are normal in appearance.

Examination of urethra shows no abnormalities.

Examination of vaginal vault reveals no abnormalities.

Cervix shows no pathology.

Uterine portion of bimanual exam reveals contour normal, shape regular and size normal.

Adnexa and parametria show no masses, tenderness, organomegaly or nodularity.

Examination of anus and perineum shows no abnormalities.

Test Results: Urine pregnancy test: positive.

CBC results within normal limits.

Blood type: O positive.

Rh: positive.

FBS: 88 mg/dl.

Hb: 14.0 g/dl.

Impression: Pregnancy, normal first.

Maternal nutrition is inadequate for protein and poor and high in empty calories and junk foods and sweets.

Plan: Diagnostic & Lab Orders: Pap smear submitted for manual screening.

Ordered CBC.

Ordered blood type.

Ordered hemoglobin.

Ordered Rh.

Ordered fasting blood glucose.

Counseling: Counseling was given regarding adverse effects of alcohol, physical activity and sexual activity.

Educational supplies dispensed to patient.

Scheduling: Return to clinic in 4 week(s).

Prescriptions:

Natalcare Plus Dosage: Prenatal Multivitamins tablet Sig: QD Dispense: 60 Refills: 4 Allow Generic: Yes

Patient Instructions:

Patient received written information regarding pre-eclampsia and eclampsia.

Patient was instructed to restrict activity.

Patient instructed to limit caffeine use.

Patient instructed to limit salt intake.

_____ A. Obstetrician-Gynecologist, M.D.

4/10/04

Marcus Welby, M.D.
1025 Ashworth Road, Suite 222
West Des Moines, IA 50265

Dear Dr. Welby:

Jane Doe was seen in my office in consultation as requested by you as a new patient for evaluation and care. The following is a summary of my findings and recommendations:

Impression: Pregnancy, normal first.

Maternal nutrition is inadequate for protein and poor and high in empty calories and junk foods and sweets.

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If I may be of any further assistance in the care of your patient, please let me know. Thank you for providing me the opportunity to participate in the care of your patients.

Sincerely,

A. Obstetrician-Gynecologist, M.D.

Patient Instructions for Jane Doe on 04/10/2004

PRE-ECLAMPSIA AND ECLAMPSIA

What is it?

Pre-eclampsia is a very serious condition unique to pregnancy in which blood pressure, the kidneys and the central nervous system are compromised. It usually occurs from the 20th week of pregnancy to 7 days postpartum. The cause is unknown. It is also known as pregnancy-induced hypertension or toxemia of pregnancy. Eclampsia is the end-stage of the pre-eclampsia process. The vast majority of women who develop pre-eclampsia are pregnant with their first child and are towards the end of their child-bearing years. There are identifiable risk factors for developing pre-eclampsia: family history of pre-eclampsia, previous pregnancy with pre-eclampsia, multiple gestation, and a hydatiform mole (an intrauterine growth that mimics pregnancy). A chronic high blood pressure and underlying blood vessel disease increases the risk. Pre-eclampsia ranges from mild to severe to eclampsia as the end-stage. Untreated pre-eclampsia can result in a stroke, fluid-build up around the lungs, kidney failure, death of baby and death of mother.

Signs and symptoms:

Mild pre-eclampsia:

- * Significant blood pressure increase even if you are still within the normal blood pressure limits.
- * Swelling in the face, hands and feet which worsens in the a.m.
- * Gaining more than a pound a week, especially in the last trimester.
- * Routine prenatal checkup reveals protein in the urine.
- * Seizures are possible.

Severe pre-eclampsia:

- * More blood pressure increase.
- * Further swelling in face, hands and feet.
- * Visual disturbances.
- * Headache.
- * Irritability.
- * Abdominal pain.
- * Tiredness.
- * Decreased urination.
- * Seizures possible.
- * Nausea and vomiting.

Eclampsia:

- * Symptoms worsen.
- * Seizures.
- * Muscle twitches.
- * Coma.

Treatment:

- * Diagnosis - blood tests, urinalysis, blood pressure monitoring.
- * Mild preeclampsia can be treated at home. Severe symptoms require hospitalization and possible early delivery of the baby, often by cesarean section.
- * Daily weighing.
- * Daily monitoring for protein in urine.
- * Medications to lower blood pressure if preeclampsia is severe.
- * Magnesium sulfate or other anti-seizure drugs may be necessary to prevent seizures.
- * Get lots of rest! Lay on your left side to help circulation.
- * Follow any dietary advice given by your doctor.
- * Get regular prenatal checkups! Eat a nutritious diet and take your vitamin supplements.
- * Never take any medications that are not prescribed or recommended by your physician.

Call the office if your headaches become severe, you have visual disturbances or if you gain more than 3 pounds in 24 hours.

RESTRICTING ACTIVITY

- You should significantly restrict activities.
- Your activities should be slightly restricted.
- You may go about your normal daily routines.
- You should not go to work.
- You may work with restrictions.
- You may work without restrictions.

RESTRICTING CAFFEINE:

You should reduce your intake of caffeine by cutting back on coffee and other caffeinated beverages like soda. In addition, you should avoid chocolate that also contains caffeine.

RESTRICTING SALT:

You are to restrict your salt intake by reducing or eliminating table salt from your meals and avoiding foods that are high in salt concentration. For more information about which foods are high in salt, read the label of any foods you intend to consume and look for sodium content.

_____A. Obstetrician-Gynecologist, MD

Billing Statement - Wednesday, April 10, 2004

Provider: A. Obstetrician-Gynecologist
Patient: Jane Doe, Chart 5407
123 Main Street
West Des Moines, IA 50265

Diagnoses

1. V22.0 Supervision Of Normal First Pregnancy
2. V76.2 Screening For Malignant Neoplasms Of The Cervix

Treatments

1. 99213 Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient,,: An Expanded Problem Focused History; An Expanded Problem Focused Examination
Related Diagnoses: V22.0
Modifiers:
Units:
2. 85022 Blood Count; Hemogram, Automated, And Manual Differential WBC Count (CBC)
Related Diagnoses: V22.0
Modifiers:
Units:
3. 99071 Educational Supplies, Such As Books, Tapes, And Pamphlets, Provided By The Physician For The Patient's Education At Cost To Physician
Related Diagnoses: V22.0
Modifiers:
Units:
4. 86900 Blood Typing; ABO
Related Diagnoses: V22.0
Modifiers:
Units:
5. 88150 Cytopathology, Slides, Cervical Or Vaginal; Manual Screening Under Physician Supervision
Related Diagnoses: V76.2
Modifiers:
Units:
6. 99000 Handling And/Or Conveyance Of Specimen For Transfer From The Physician's Office To A Laboratory
Related Diagnoses: V76.2
Modifiers:
Units:
7. 82947 Glucose; Quantitative, Blood (Except Reagent Strip)
Related Diagnoses: V22.0
Modifiers:
Units:
7. 86901 Blood Typing; Rh (D)
Related Diagnoses: V22.0
Modifiers:
Units:
8. 83020 Ordered hemoglobin fractionation and quantitation via electrophoresis
Related Diagnoses: V22.0
Modifiers:
Units:

Referring Physician: Marcus Welby, M.D.
Date Last Seen:

Medical Clinic

1025 Ashworth Road, Suite 222
West Des Moines IA 50265

PRESCRIBER: A. Obstetrician-Gynecologist, M.D.
TELEPHONE: (515)327-8850
DEA: 123456789

PATIENT: Jane Doe
ADDRESS: 123 Main Street
West Des Moines, IA 50265

TELEPHONE: 515-327-8850
DOB: 11-30-1971
DATE: 04/10/2004

R_x

Natalcare Plus Prenatal Multivitamins tablet

Disp: 60

Sig: QD

Refills: 4

DISPENSE AS WRITTEN
 GENERIC SUBSTITUTION PERMITTED

SIGNATURE OF PRESCRIBER