Arcadia Well Woman
Obstetric Intake

Date:_____

Name: _____DOB:_____Age: _____

Occupation: _____Marital Status: _____

Spouse/partner Name: _____Age:_____

Occupation: _____phone: _____

Support person: _____phone: _____

Past Medical History:

Y / N Heart problems_____ Y / N Hypertension_____

Y / N Lung problems_____ Y / N Bladder Problems_____

Y / N Kidney disease_____Y/N Diabetes_____

Y / N Liver disease_____Y/N Hepatitis_____

Y / N Bowel disease_____Y / N Neurologic disease_____

Y / N Breast disease_____Y / N Thyroid disease_____

Y / N Psychiatric _____

GYN History:

Last Menstrual Period: _____Monthly periods: Yes / No +Preg test date: _____

Y / N Last pap when? _____Abnormal pap? Y / N Year: _____Treatment: _____

Y / N Genital Herpes _____ Y / N Genital Herpes in partner_____

Y / N History of Chlamydia, gonorrhea or trichomonas?_____

Y / N Uterine problem_____Y / N Ovarian disease_____

Past Surgical History:

Date Type

_____

_____

_____

_____

_____

Pregnancy History:

No. Y ear Weeks Sex Vag/C-S Weight Complications

1_____

2_____

3_____

4_____

5_____

6_____

Smoker Y / No / Not any more Amount_____ For how long_____

Smoker in home Y / No / Not any more

Alcohol Y / No / Not any more

Drugs Y / No / Not any more List: _____

Prenatal vitamins Y / No Calcium Y / N Omega 3 / DHA Y / N

Current Medications:

Name Dose Indication

_____

_____

_____

_____

Medications prior to pregnancy:

Name Dose Indication

_____

_____

Allergies to drugs: _____

Alleriges to other substances: _____

Family History: any of these problems in members of Maternal or Paternal family?

Y / N Congenital Heart Defect_____Y / N Neural Tube Defect / Spina bifida_____

Y / N Sickle Cell disease_____Y / N Thalassemia _____

Y / N Down's Syndrome_____Y / N Cystic Fibrosis _____

Y / N Jewish Ancestry_____Y / N Muscular Dystrophy _____

Y / N Mental Retardation_____ Y / N Autism _____

Y / N Chromosomal problem_____

Y / N Genetic problem _____

Are there any babies in the family with any birth defects? Y / N_____

_____

Have cats in the home? Y / N _____

Are you safe at home? Y / N _____

Live with someone with: Tuberculosis Y / N

Hepatitis Y / N

HIV Y / N

Do you have any concerns at this time? _____

_____

_____

FETAL TESTING INFORMATION

Please read this important information carefully.

Birth defects affect 3-4% of all pregnancies. Some, but not all, of the possible birth defects can be discovered by blood tests, ultrasound and genetic testing.

The testing that you decide to perform for your pregnancy is an individual choice based on many factors such as your health, your age, your previous pregnancy experiences and your family's health history.

There are two types of testing for your pregnancy: **screening** and **invasive** testing.

Screening tests **have *no risk*** to the fetus or the mother. Screening tests include blood tests and ultrasound. Screening tests can identify a woman who is at higher risk than expected of having a baby with a birth defect, but cannot detect all of these birth defects (such as spinal cord defects or heart problems).

Invasive tests **have a *very small risk*** to the fetus and an extremely rare risk to the mother. Invasive tests include chorionic villous testing and amniocentesis. Invasive tests obtain tissue or fluid for chromosomal testing.

First trimester screening blood test (10 weeks) for the five most common chromosomal abnormalities. *Offered to women > 35 or women with a personal or family history of chromosome birth defects.*

First trimester (11-13 weeks) screening blood test and ultrasound. This testing can detect **up to 85%** of Down's Syndrome and **up to 98%** of Trisomy13, Trisomy 18 and Turner's syndrome. This test is done with a specialist.

Second trimester (15-21 weeks) screening tests include a **blood test** (**MSAFP**) done at 15-21 weeks in our office. This test defines fetal risk for spinal cord defects (neural tube defects), Down's syndrome and Trisomy 18

At 18-20 weeks an **ultrasound** will confirm your baby's growth, your due date and can detect 35% of fetal birth defects, but misses 65% of all birth defects.

First trimester invasive testing is called **chorionic villous sampling** (CVS). A small catheter is passed through the cervix under ultrasound guidance to obtain a small sample of the placenta which contains the baby's chromosomes. Results take 7-10 days. Risk of miscarriage is 1 in 200.

Second trimester invasive testing is called **amniocentesis**. This test is performed by an obstetrician or obstetric radiologist by inserting a needle through the mother's abdomen into the uterine cavity. Fluid withdrawn from the uterus contains the baby's cells and chromosomes. Results take 7-10 days. Risk of miscarriage is 1 in 250.

All testing is optional and is your personal choice.

Specially trained genetic counselors can help you decide if invasive testing is right for you. If you need additional information or referral to any of these counselors or doctors, we can help you

FETAL TESTING PLAN

Patient: _____ Date:_____

First trimester blood test for Downs (done at our office)	10-12 weeks
First trimester screening for Down's (schedule with specialist)	11-13 weeks
Second trimester blood test for spine and Down's (done at our office)	15-18 weeks
Chorionic Villous Sampling (schedule with specialist)	12-13 weeks
Amniocentesis (schedule with specialist)	15-20 weeks
Second trimester ultrasound	18-20 weeks

Decline	**Accept**	**My choice for testing is:**
_____	_____	1. Maternal blood test for fetal chromosomes
_____	_____	2. First trimester blood test and ultrasound
_____	_____	3. Second trimester blood test (MSAFP)
_____	_____	4. Genetic counseling.
_____	_____	5. Chorionic villous sampling
_____	_____	6. Amniocentesis
_____	_____	7. I only want ultrasound
_____	_____	8. I am undecided today about what testing is right for me.

*I understand that **all** testing must be performed during strict time frames and that it is my responsibility to schedule and perform these tests at the correct time. If I miss a test time I understand that the opportunity to test may be lost.*

Any test that I have not scheduled and performed I have declined to perform.

Patient: _____ Date: _____

Reviewed by: _____ Date: _____

Cystic Fibrosis

Cystic fibrosis (CF) is an inherited lethal disease of the mucus and sweat glands. It affects the lungs, pancreas, liver, intestines, sinuses, and sex organs. CF causes mucus to be thick and sticky. The mucus clogs vital organs and causes multiple health issues.

The symptoms and severity of CF can vary. Some people have serious problems from birth. Others have a milder version of the disease that doesn't show up until they are teens or young adults. Sometimes individuals will have few symptoms, but later may have more symptoms.

There is no cure for CF, but treatments have improved greatly in recent years. Today, some people who have CF are living into their forties or older.

CF is a genetic disease. Effected individuals have inherited two copies of the CF gene from their parents. Parents can carry one CF gene and not know it because they have no symptoms.

Racial or Ethnic Group	Carrier Frequency
Ashkenazi Jewish	1/24
Non-Hispanic Caucasian	1/25
Hispanic American	1/46
African American	1/65
Asian American	1/94

The risk of having a baby with CF depends on your ethnic background:

Caucasian	1 : 2500
Hispanic	1 : 8500
African American	1 : 17,000
Asian	1 : 35,000

Testing for CF is usually done prior to pregnancy so that parents can be informed and make appropriate reproductive decisions. This test can also be done during pregnancy if desired.

In all 50 states newborns undergo blood screening at birth which includes testing for the CF gene. So your child will automatically be tested shortly after birth.

Testing is optional.

I desire CF testing: _____

I decline CF testing: _____

Witness: _____ Date:_____

Cord Blood Banking

Cord blood is the blood that remains in the umbilical cord and placenta following birth. This blood is usually discarded. However, cord blood banking utilizes facilities to store and preserve a baby's cord blood.

The cord blood of your baby is an abundant source of stem cells that are genetically related to your baby and your family. Stem cells are able to transform into other types of cells in the body to create new growth and development. They are also the building blocks of the immune system. The transformation of these cells provides doctors with a way to treat leukemia and some inherited health disorders. The stem cells from your baby's cord blood may also be effective in treating certain diseases or conditions of a parent or sibling.

Stem cells in a baby's umbilical cord blood can replace damaged cells inside their body. These new cells repair wounds, restore lost brain functions and increase healthy blood count. Medical experts discover new cord blood treatments every year. These valuable stem cells can now be stored in a process called cord blood banking.

At birth your physician can collect the remaining blood in the umbilical cord and placenta into the kit provided by your cord blood bank.

Sometimes, not enough cord blood can be collected. This problem can occur if the baby is premature or if there is more than one baby and they share a placenta. It also can occur for no reason. If an emergency occurs during delivery, it may not be possible to collect cord blood.

Problems with the mother may not allow any cord blood to be collected. If the mother has genital herpes or a uterine infection at the time of delivery, then cord blood may not be safe for storage.

There are some points to think about when making a decision about storing cord blood:

Many diseases cannot be treated with a person's own stem cells.

The chance that cord blood stem cells will be needed to treat your child or a relative is about 1 : 2700. However, research is being done into new uses for stem cells and many more uses for cord blood may be discovered in the future.

Currently, it is not known how long cord blood can successfully be stored.

If you decide to store cord blood, you will need to choose a cord blood bank at least a month prior to delivery.

I have read this material: _____Date_____