

Medical Record

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image	Source System	Site
Jul 22, 2007	Discharge Summarization Note / OT D/C SUMMARY S(rand)	Discharge Summarization Note				null		SHARRE: LEJELINE	DuD

See attachment 1

Ob-Gyn History & Physical
Personal Data Privacy Act of 1974 (PL 93 579)

Patient		admit admit.									
Date of birth											
Sex											
Contact info											
Patient ID#		Tel: 117727 2,16,846 1,113883 3,42,127,117 2 846179,1215 2,16,846 1,113883 4,2									
Document ID		_J0131025100552_117 2,16,846 1,113883 3,42,144,100801,17									
Document Created:		November 1, 2013, 11:16:06									
Author		Willa Boyd,									
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Document maintained by		2,16,846 1,113883 3,42,127,117,13									

Table of Contents

OB/GYN H & P

DAY OF SURGERY /PROCEDURE UPDATE

Day of Surgery/Procedure History and Physical Update

PRIMARY SERVICE: GYN Oncology

Admission related to: Warbler Transition Unit

Name: admit, admit

Weight: 185.0 Lbs 83.768 Kgs HEIGHT: inches cm BMI:

Are you: ☐ Pregnant ☐ Lactating

Gravidity: 3 Parity: Full Term: 4 Pre Term: 0 Abortions: 0 Living: 4

Admitting Diagnosis:

test one

Additional Diagnosis #2:

Additional Diagnosis #3:

Additional Diagnosis #4:

Additional Diagnosis #5:

Current/Previous History of HSA/VRE: Date:

Chief Complaint:

Its of Present Illness:

Patient's Advanced Directives

CODE STATUS

ON/OFF:

Past History

Please enter Diagnostic Information after Colon Prompt ":"

Note: Enter details after ":"

Prenatal Care:

Past Medical Hx:

#2 CLICK HERE ☐

Alcohol, Tobacco, Substance Use:

Education Level:

ALLERGIES:

Admission Medications

Procedures Performed During Pregnancy:

Prenatal Diagnostic Evaluation: ☐

PHYSICAL EXAMINATION

GENITALIA: ☐

WEIGHT: ADMIT: 185.0 lbs. 83.768 kg. HEIGHT: inches BMI:

Review of Systems

Check here to enter Bishop Score ☐

Bishop Score ☐

Fetal Assessment ☐

LABORATORY DATA

LYTES: ☐ CBC: ☐ ABG: ☐ CK: ☐ LFT: ☐ UA: ☐ GRAIN STAIN: ☐ Coag: ☐ OTHERS: ☐

RADIOLOGIC STUDIES

#1

EXG

#1

OTHER STUDIES

#1

ASSESSMENT AND PLANS

#1

PLAN:

Vaginal delivery consent obtained? ☐ Yes ☐ N/A at this time

ELECTRONICALLY SIGNED BY: TIME/DATE OF ELECTRONIC SIGNATURE:

☐ Resident Addendum

- Resident Admission Note - (BAR)

Time/Date:

History:

Exam:

Assessment:

Plan:

Vaginal delivery consent obtained? ☐ Yes ☐ N/A at this time

Time/Date of Electronic Signature:

Electronically Signature of Resident:

ADMIT STAFF NOTE

Time/Date of Electronic Signature:

ELECTRONIC SIGNATURE OF STAFF ATTENDING:

Authorized By:	Willa Boyd on October 26, 2013 1, Janet White Road/HartshamVT05475USA
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