MFM & GENETICS
OF ADVANTIA

REFERRING PRACTICE INFORMATION

- Reiter Hill & Johnson of Advantia
- Liv by Advantia Health
- Simmonds, Martin & Helmbrecht of Advantia
- Advantia OB-GYN Shady Grove
- OB-GYN Associates of Advantia
- Physicians & Midwives, An Advantia Health Practice
- Other: _____

Referring Clinician _____ Phone: _____ Fax: _____

SPECIALIST INFORMATION

If you are under the care of a specialist for any medical condition (rheumatologist, hematologist, cardiologist, endocrinologist, neurologist, etc.), please list their information below:

Specialist/Practice Name	Phone	Fax

Please request that a copy of your records be sent to our office (including notes, labs and any specialty tests, such as EKG, echocardiogram, MRI, etc.).

MFM & GENETICS
OF ADVANTIA

NEW PATIENT MEDICAL INFORMATION

Name _____ Age _____

First Day of Last Menstrual Period _____ Due Date _____

What are your goals for this appointment? _____

_____

Any complications in the current pregnancy? _____

_____

MEDICAL HISTORY: *Do you have any of the following conditions?*

☑	CONDITION	COMMENTS
	High blood pressure	
	Diabetes	
	Aneurysm/brain tumor/history of stroke	
	Seizure disorder	
	Migraines	
	Thyroid problems **[ ] Hyperthyroidism** **[ ] Hypothyroidism**	
	Asthma/lung disease	
	Heart disease/heart murmur	
	Kidney disease/recurrent UTIs	
	Liver disease/hepatitis	
	Autoimmune disorders (please specify; ex - lupus)	
	Anemia/Sickle cell disease	
	Blood clots in lungs/legs	
	History of blood transfusion or organ transplant	
	Mental health conditions (anxiety, depression, etc.)	
	Cancer	
	Back problems	
	HIV	
	Other:	

MFM & GENETICS
OF ADVANTIA

SURGICAL HISTORY: *Please list any surgeries or procedures.*

YEAR	SURGERY TYPE	COMMENTS

PREGNANCY HISTORY:

If IVF, date of embryo transfer? _____

Please list all your pregnancies, including current

TOTAL # OF PREGNANCIES	FULL TERM (37+ WEEKS)	PRETERM (<37 WEEKS)	MISCARRIAGES	TERMINATIONS	ECTOPICS	LIVING CHILDREN

PREGNANCY	DATE MONTH/YR	VAGINAL, CESAREAN, FORCEPS, VACUUM	WEEKS AT DELIVERY	BIRTH WEIGHT	MALE OR FEMALE	COMMENTS/ COMPLICATIONS
1						
2						
3						
4						
5						
6						
7						

GYNECOLOGIC HISTORY:

Personal history of HSV (herpes), HIV, gonorrhea, chlamydia, or syphilis? _____ In your partner? _____

Any treatment of the cervix ***(excisional cone/LEEP)?*** _____ Year _____

SOCIAL HISTORY:

Do you currently smoke cigarettes? _____

Do you drink alcohol during pregnancy? _____ if yes, how much?_____

Do you currently use recreational drugs? _____

If yes, what drugs? _____

Have you had exposure to known infections during this pregnancy ***(CMV, Parvovirus, etc.)***? _____

If yes, please provide details (symptoms, when exposure occurred, etc.): _____

Any other concerns? (cat litter box exposure, etc.) _____

GENETIC TESTING:

Have you or your partner had genetic screening? PGT? Please provide details. _____

_____

_____

_____

_____

ALLERGIES: *Please include reactions (ex: Penicillin - rash)*

_____

_____

_____

Do you have **LATEX** allergies? ***(if yes, include reaction)*** _____

Are you allergic to **IODINE**? ***(if yes, include reaction)*** _____

MFM & GENETICS
OF ADVANTIA

FAMILY HISTORY: *Please mark any that apply with an "X", and specify the individual and diagnosis in the comments section – ex: cousin - cleft lip*

	YOUR MOTHER	YOUR FATHER	YOUR SIBLING	YOUR CHILD	OTHER RELATIVE	PARTNER	COMMENTS
Chromosomal disorder							
Birth defects							
Hydrocephalus							
Neural tube defect							
Cleft lip or palate							
Congenital heart defect							
Intellectual or developmental conditions (autism, Fragile X syndrome)							
Skeletal dysplasia or short stature							
Progressive neurologic disorders (Huntington disease)							
Muscle disorders (muscular dystrophy, spinal muscular atrophy)							
Lung disorders (cystic fibrosis)							
Storage disorders (Tay Sachs disease)							
Thalassemia							
Sickle cell disease							
Hemophilia or other bleeding disorders							
Hypophosphatasia or low ALP level							
Metabolic disorders (Phenylketonuria)							
Blood clotting disorder (clots in legs/lungs or stroke)							
Blindness							
Deafness							
Diabetes							
Thyroid problems							
Heart problems (arrhythmia or sudden cardiac event)							
Kidney disease (cysts, etc.)							
High blood pressure							
Early onset cancer							
Epilepsy or seizures							
Any other:							

MFM & GENETICS
OF ADVANTIA

CURRENT MEDICATIONS: ***Please include over the counter medications in addition to prescriptions.***

MEDICATION COMMENTS	DOSE/FREQUENCY

REVIEW OF SYSTEMS: ***Please list any symptoms you are CURRENTLY experiencing.***

SYSTEM	SYMPTOM	DETAILS
General	□ *Weight loss* □ *Fever or chills*	
Skin	□ *Rash* □ *Itching*	
Eyes	□ *Vision loss/changes* □ *Flashing lights*	
Nose	□ *Stuffiness* □ *Nosebleeds*	
Throat	□ *Sore throat* □ *Non-healing sores*	
Neck	□ *Swollen glands*	
Breasts	□ *Lumps* □ *Discharge*	
Respiratory	□ *Cough* □ *Coughing up blood* □ *Shortness of breath* □ *Wheezing* □ *Painful breathing*	
Cardiovascular	□ *Chest pain or tightness* □ *Palpitations* □ *Shortness of breath lying down*	
Gastrointestinal	□ *Heartburn* □ *Nausea/vomiting* □ *Rectal bleeding* □ *Constipation* □ *Diarrhea*	
Urinary	□ *Burning or pain* □ *Blood in urine*	
Vascular	□ *Calf pain with walking* □ *Asymmetric swelling*	
Musculoskeletal	□ *Muscle or joint pain* □ *Back pain* □ *Redness/swelling of joints* □ *Edema*	
Neurologic	□ *Fainting* □ *Seizures* □ *Headache*	
Hematologic	□ *Ease of bruising* □ *Ease of bleeding*	
Endocrine	□ *Increased thirst*	
Mood	□ *Anxiety* □ *Depression*	
Other		