

Chief Complaint

Jane Doe is a 31 year old female. Her reason for visit is "I am pregnant and I need a check up".

Past, Family, and Social History

Past Medical History

History of: Abnormal Pap smear. Diabetes mellitus. Hypertension.

Pregnancy History

History of: Prenatal visit. Secundigravida. Paragravida 2. Two full-term pregnancies. Had a child with a birth weight over 9 pounds (4 Kg).

Pregnancy, labor, or delivery complications. Edema with past pregnancy. Eclampsia. Gestational diabetes. Two vaginal deliveries.

She denied: Infertility. Ectopic pregnancy. Pregnancy involving multiple fetuses. Anemia. Hyperemesis. Polyhydramnios or oligohydramnios.

Premature rupture of membranes. Premature labor. Hemorrhage. Cervical incompetence. Intrauterine growth retardation. Preterm delivery.

Prolonged labor. Postpartum depression. Miscarriage. Having a fetal death. Abortion.

Family History

History of: Diabetes in family. High blood pressure in family. Cystic fibrosis in family.

She denied: Parental history of birth defect, history of stillborn, history of miscarriages, and history of infant death. Parent with birth defect. Multiple births (twins, triplets) in family. Personal or family history of asthma.

Tuberculosis (TB) in family. Alcohol or drug problems. Depression or mental illness in family. Baby's father older than 42 years. Baby's parents blood relatives. Jewish ancestry. African ancestry. Asian ancestry.

Mediterranean ancestry. French-Canadian ancestry. Cleft palate in family. Club foot. Deafness in family. Blindness in family. Down's Syndrome or other chromosome problem in family. Spinal defects in family. Mental retardation or very slow learner in family. Huntington's chorea in family.

Heart defect in family. Muscle or nerve disease in family. Sickle cell disease in family. Bleeding problems in family. Metabolic disorder. Genetic disorders.

Social History

History of: Within the last six months fired from work, change to entirely different line of work, changing residence, change in number of arguments with spouse, change in responsibilities at work, trouble with boss, change in work hours or conditions, change in recreation, change in social activities, and change in number of family get-togethers. Within the last two years divorce, marital separation, marital reconciliation, change in financial state, and death of a close friend. Tattoos. Cat at home. Problem with healthcare appointments. Moving residence 2 or 3 times in the past year. Money problems. Unhappy with work. Hit, slapped, kicked, or in some way physically hurt in the past year. Emotionally or mentally abused

since pregnant. A lot of tension in relationship with partner. Lives with spouse or partner. Slightly dissatisfied with partner. Some difficulty working out arguments with partner. Low self-esteem. Arguments with partner sometimes physical. Sometimes fearful of partner. Completed high school diploma.

Activities for Daily Living

History of: Sometimes normal activities. Not quite so much enjoyment.

Sexual History

History of: 3 to 5 lifetime sexual partners.

She denied: Sexual partner who had a blood transfusion and who had multiple sexual partners. Sex with intravenous drug user. Sex with homosexual male. Prostitution. She reported: Most recent new sexual encounter more than two years ago.

Tobacco Use

History of: Former tobacco user. Smoking cigarettes more than 100 in lifetime, 3-5 years, and 1-10 (1/2) per day. 6-10 years ago quit smoking.

She denied: Smoking cigarettes not at all now.

Alcohol

She denied: Alcohol use during pregnancy. Family concerned about alcohol or drugs.

Drug Usage

She denied: Prescription drug abuse. Illegal drug use. Intravenous drug use.

Caffeine

History of: Consumes 3 to 4 servings of caffeinated foods per day.

Environmental Hazards

History of: Exposure to cats, cat boxes or cat litter.

She denied: Poison chemical exposure. Exposed to someone who smokes indoors at work.

Geographical Issues

She denied: Lived in Haiti or Africa.

Medication History

She denied: Medications during pregnancy. She reported: Never took antihypertensive medications and diabetic medications.

Ongoing Medications

She denied: Prescription medication use during pregnancy. Non-prescription medication use during pregnancy.

Adverse Drug Reactions

History of: Adverse drug reaction to antibiotic.

She denied: Adverse drug reaction to antifungal.

Allergy History

Medication Allergies

History of: Allergic reaction to local anesthetics. Medication allergy. She denied: Adverse reaction to blood transfusion. Allergic reaction to aspirin, opiates, nerve medicines, heart medications, laxatives, vaccines/anti-toxins, eye drops, and topical medications. Serious drug reaction.

Review of Systems

Constitutional

She denied: Weight change in the last year. Fatigue. Weight loss. Fever, chills or illness now. Sick in the past month.

Ear, Nose, and Throat

She denied: Postnasal drainage. Globus sensation. Auditory loss. Ophthalmological and otolaryngological symptoms. Mouth breathing most of the time. Painful oral ulcers. Excessive saliva.

Dental Health

She denied: Wearing dentures. Tends to chew pencils, bite cheeks, or chew gum. Orthodontia. Often eating hard candies.

Respiratory

She denied: Respiratory symptoms.

Cardiovascular

She reported: Edema intermittent, worse in evening, improves with leg elevation, and is sometimes worse in hot weather. Bilateral pedal edema. She denied: Palpitations. Chest pain now.

Gastrointestinal

She reported: Dyspepsia sometimes associated with certain foods. Bloating not relieved by passing stool and vomiting. Bloating relieved by belching. Eructation post prandial. Within the last six months change in eating habits. Bloating is a problem, getting steadily worse, and intermittent.

She denied: Dysphagia. Cough interferes with eating. Bloating associated with lactose ingestion, fiber ingestion, borborygmi, abdominal cramping, and loose stools. Abdominal pain. Eructation associated with carbonated beverages. Bloating post prandial. Aerophagia. Belching associated with abdominal pain and chest discomfort. Dyspepsia more than twice a week. Eructation associated with diaphoresis. Hematochezia. Nausea or vomiting. Diarrhea or constipation. Flatulence. Eating meals rapidly. Nausea causes excessive swallowing. She reported: Sometimes constipated. Often eating as much as before.

Genitourinary

She denied: Genitourinary symptoms. Stress incontinence with valsalva. Concern about sexually transmitted disease. Vaginal symptoms.

Sexual Function

She reported: Within the last six months sexual difficulties. She denied: Sexual dysfunction.

Skin

She denied: Edema associated with leg ulcers. Skin problems. Skin lump. Pain at the site of the swelling.

Hematological

She denied: Increased bruising or prolonged bleeding.

Musculoskeletal

She denied: Erythema of foot. Rheumatologic symptoms.

Neurological

She reported: Within the last six months change in sleeping habits.

She denied: Headaches weekly. Neurological symptoms. Dizziness, lightheadedness, or syncope.

Psychiatric

She reported: Severe stress, somatic symptoms, cardiac autonomic symptoms, and gastrointestinal autonomic symptoms. Sometimes not thinking normally and indecisive. Moderate anxiety, dyssomnia, concentration difficulty, anhedonia, respiratory symptoms, genitourinary autonomic symptoms, skin autonomic symptoms, and muscular autonomic symptoms. Severe difficulty sitting quietly. Often palpitations, irritable, and restless. Under a great deal of stress. Worries a lot. Major life change recently.

She denied: Suicidal ideation. Depressed much of the time. Feeling better off dead. Another significant event within the last two years. Irrational fears. Crying spells. She reported: Never depressed. Often feeling best in the morning, living a full life, and hopeful. Most of the time enjoying interaction with opposite sex and feeling useful.

Risk Factors

Prevention

Counseling

She reported: Inconsistent seatbelt use.

Immunizations

She reported: Tetanus immunization within the last three months.

Nutrition

She reported: Dietician referral requested.

Patient Issues

She reported: Understanding toxoplasmosis. Prenatal classes. Bottle feeding preference. Permission granted to transfuse blood or other products.

Self-assessment Scales

Title: **Rahe Holmes Stress Scale**

Description: This 43-item scale is used to quantify the amount of life stress. This classic self-assessment was developed by Thomas Holmes, Professor of Psychiatry and Behavioral Sciences at University of Washington.

Patient Score: **580 - Major Life Change - Risk of Major Illness Within 1 Year**

Scoring Key and Interpretation:

0 - 149 : Very Little Life Change - Good Health
150 - 199 : Mild Life Change - Risk of Colds, Flus, Occasional Depression
200 - 249 : Moderate Life Change - Depression
250 - 299 : Serious Life Change - Risk of Lowered Resistance to Disease
300 - 1508 : Major Life Change - Risk of Major Illness Within 1 Year

Reference: *Holmes, T.H., Rahe, R.H. The Social Adjustment Rating Scale. Journal of Psychosomatic Research. 1967;11:213-218.*

Title: **Hamilton Anxiety Rating Scale (HAM-A)**

Description: This 13-item scale is the original scale for quantification of anxiety. Originally published as an observer-rated scale, it has been modified for self-assessment which requires clinician interpretation of results to assure accuracy.

Patient Score: **31 - Anxious**

Scoring Key and Interpretation:

0 - 17 : Normal
18 - 56 : Anxious

Reference: *Hamilton, M. "The Assessment of Anxiety States by Rating", British Journal of Medical Psychology 32:50-55, 1959*

Title: **Zung Depression Scale**

Description: This 14-item scale for depression is a classic in self-rating scales. William Zung at Duke University published this early scale for patient use in 1965. Valued for its brevity, it remains a useful screening tool for depression.

Patient Score: **39 - Normal**

Scoring Key and Interpretation:

0 - 50 : Normal
51 - 60 : Minimal to Mild
61 - 69 : Moderate to Marked
70 - 76 : Severe to Extreme

Reference: *Zung, W.W.K.: A self-rating depression scale. Archives of General Psychiatry, 1965; 12:63-70.*