ADMITTING/REGISTRATION RECORD

Women & Infants'

101 DUDLEY STREET — PROVIDENCE, RI 02905-2401

007062282-300-0

ADMITTED BY	ADMIT DATE	TIME	ROOM	BED	P.T.	SER	F.C.	D/C DATE	PATCOM
	6/15/95	13:17			N	OBC	PP		01/091348

PATIENT INFORMATION

NAME [redacted]
ADDRESS 189 EAST ST
CITY/ST./ZIP CRANSTON RI 02920
APT./FLOOR
TELEPHONE (401)463-[redacted]
ALTERNATE PHONE
MAIDEN NAME
DATE OF BIRTH 5/07/1981 AGE 014
RELIGION
SEX F
LANGUAGE
MARITAL STATUS S
RACE WHITE
ER VISIT WITHIN 48 HOURS
SOCIAL SECURITY # 039-56-[redacted]

EMPLOYER INFORMATION

EMPLOYER UNEMPLOYED
OCCUPATION
TELEPHONE

UNEMPLOYED

PERSON TO NOTIFY

NAME
TELEPHONE

GUARANTOR

NAME [redacted] [redacted]
RELATIONSHIP 01
ADDRESS 189 EAST ST
CITY/ST./ZIP CRANSTON RI 02920
TELEPHONE (401)463-3933
SOCIAL SECURITY # 039-56-[redacted]

INSURANCE INFORMATION

PRIMARY INSURANCE SELF PAY
ADDRESS
CITY/ST./ZIP
SUBSCRIBER [redacted] [redacted]
GROUP #
POLICY # XXX
EMPLOYER UNEMPLOYED
ADDRESS
CITY/ST./ZIP 00000
TELEPHONE
DATE OF BIRTH OF INSURED
SOCIAL SECURITY # OF INSURED 000-00-0000

SECONDARY INSURANCE
ADDRESS
CITY/ST./ZIP
SUBSCRIBER
GROUP #
POLICY #
EMPLOYER
ADDRESS
CITY/ST./ZIP
TELEPHONE
DATE OF BIRTH OF INSURED
SOCIAL SECURITY # OF INSURED

REMARKS

CLINICAL INFORMATION

PARA	PARA	AB	LMP	EDD		TRANSFERRED FROM

ATTENDING M.D.	ATTENDING PEDIATRICIAN	DIAGNOSIS	PROCEDURE DATES
KIM, JOHN		GYN NEW	

[redacted] [redacted]
6/15/95 01/091348
N PP
OBC

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Gynecology Health Histor[redacted]

00706208?2 017091348 (2)
5/07/1981 Date: 6/15/95

PATIENT IDENTIFICATION *(Please print)*

Patient's Name: SCHWARTZ, TRACEY
Address: [redacted]
Home Telephone No: ( ) [redacted]
Work Telephone No: ( ) [redacted]
Reason for Seeing Doctor

Date of Birth: 5/7/81 Age: 14 Religion:
Marital Status: ☒S ☐M ☐D ☐SEP ☐W Race:
Education: 8th grade Occupation:
Employer:
Type of Insurance: Policy #:
Referring Physician:
Primary Physician:

1. MEDICATION ALLERGY / SENSITIVITY

List all medications allergic to: ☐ None

MEDICAL HISTORY *(Check the appropriate box)*

Have you or any members of your family had:	You	Your Family
2. High Cholesterol	☐	☐
3. Heart Disease	☐	☐
4. Rheumatic Fever	☐	
5. High Blood Pressure	☐	☐
6. Asthma	☐	
7. Tuberculosis	☐	
8. Diabetes	☐	☐
9. Thyroid Problems	☐	☐
10. Liver Disease	☐	
11. Stomach, Bowel or Gall Bladder Problems	☐	
12. Kidney or Bladder Problems	☐	
13. AIDS (HIV)	☐	☐
14. Hepatitis (type___)	☐	☐
15. Anemia or Blood Disorder	☐	☐
16. Blood Transfusion	☐	
17. Allergies	☐	
18. Breast Problems	☐	☐
19. Cancer	☐	☐
20. Infertility	☐	
21. Female or Sexual Problems	☐	
22. Chlamydia	☐	
23. Gonorrhea	☐	
24. Herpes (HSV)	☐	
25. Syphilis	☐	
26. Birth Defects or Inherited Diseases	☐	☐
27. Sexual Abuse or Domestic Violence	☐	☐
28. Other Medical Problems	☐	☐
29. **No Known Medical Problems**	☐	☐

30. HOSPITALIZATIONS

List those operations/serious illnesses that have required hospitalization. If more than six, check this box. ☐ *Do not include pregnancies here.*

Month/Year	Illness or Operation	Complications No	Yes
/		☐	☐
/		☐	☐
/		☐	☐
/		☐	☐
/		☐	☐
/		☐	☐

SUBSTANCE USE *(Check only those you use)*

31. Alcohol ☐ Type ___ Amt/day ___
32. Tobacco ☐ Type ___ Amt/day ___
33. Caffeine ☐ Type ___ Amt/day ___
34. Non-Prescribed Drugs ☐ Type ___ Amt/day ___ Type ___ Amt/day ___
35. Street Drugs ☐ Type ___ Amt/day ___ Type ___ Amt/day ___

36. PREGNANCY HISTORY *(Complete all information)*

of Pregnancies: 0 | # of Premature Births | # of Miscarriages | # of Spontaneous Abortions | # of Induced Abortions | # of Living Children

# of Term Births	Born Month/Year	Baby's Sex	Weight at Birth	Weeks Pregnant (Terms 40 Wks)	Hours in Labor	Type Of Delivery	Type of Anesthesia	Complications Yes	No
1	/		lbs. oz.					☐	☐
2	/		lbs. oz.					☐	☐
3	/		lbs. oz.					☐	☐
4	/		lbs. oz.					☐	☐
5	/		lbs. oz.					☐	☐

37. MENSTRUAL HISTORY

First Day of Last Menstrual Period: 5/24/95

Menarche (Age at First Period)	Interval (No. of Days Between Periods)	Length of Period
12 years	5 mo/days	7 days

Abnormalities: ☐ Excessive Bleeding ☐ Discharge ☐ Pain ☐ None

38. CONTRACEPTIVE HISTORY

Type	Dates Used
Oral Contraceptive ☐ Type(s)	
IUD ☐	
Diaphragm ☐	
Norplant ☐	
Sponge ☐	
Spermicide ☐	
Condoms ☐	
Other ☐	

Sterilization ☐ Male ☐ Female

LIFESTYLE

	Yes	No
39. Did your mother take DES or any other hormones when pregnant with you?	☐	☐
40. Have you ever had a Pap test?	☐	☒
If Yes: Date of your last Pap Test? ___/___/___		
Have you ever had abnormal Pap test results?	☐	☐
41. Are you sexually active?	☐	☐
42. Do you have one partner or many partners?	☐ one	☐ many
43. Is intercourse painful for you?	☐	☐
44. Do you do a monthly self breast exam?	☐	☐
45. Have you ever had a mammogram?	☐	☐
If Yes: Date of last mammogram? ___/___/___		
46. Do you exercise on a regular basis?	☐	☐
If Yes: Type of exercise ___ Hours per week exercise ___		

Check and detail positive findings below. Use reference numbers.

PMH: Spondylolisthesis
high blood sugar controlled diet

Meds: 0
PSH: 0
Al: 0

Sexually active since age 13 x 1 [redacted]
condoms

[redacted]

Signature: [redacted]

To Order: Call 1-800-243-5546

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Initial Gynecology Profile

Patient's Name: (3)

ID No.:

INITIAL PHYSICAL EXAM

1. Height 5-3
2. Weight 217
3. Blood Pressure 126/78

Pelvic Exam	Normal	Abn.	N.E.
4. Ext. genitalia	✓		
5. Vagina	✓		
6. Cervix			✓
7. Uterus (describe)			✓
8. Adnexa			✓
9. Rectum			✓
10. Other			

General Physical	Normal	Abn.	N.E.
11. Skin	✓		
12. HEENT	✓		
13. Neck	✓		
14. Chest	✓		
15. Breasts	✓		
16. Heart	✓		
17. Lungs	✓		
18. Abdomen	✓		
19. Musculoskeletal	✓		
20. Extremities	✓		
21. Neurological	✓		

N.E. = Not Evaluated

Nutritional Assessment

22. Not performed ☐
23. Apparently adequate ☐
24. Apparently inadequate ☐
25. Excessive caloric intake ☐

Check and detail all positive findings below. Use system numbers.

no lesions, scarring, abrasions
hymen intact

pt unable to tolerate internal exam

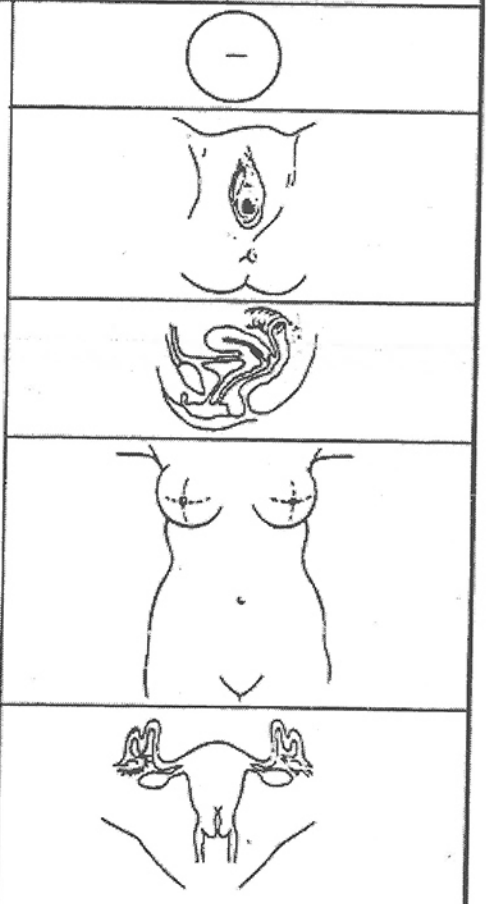
LABORATORY PROCEDURES

Test	Date	Result
26. Hgb	/	
27. Hct	/	
28. WBC	/	
29. Differential	/	
30. Pregnancy Test	/	
31. Urinalysis	/	
32. HIV	/	
33. Gonorrhea	/	
34. Chlamydia	/	
35. HSV	/	
36. VDRL Serology	/	
37. Hepatitis __	/	
38. Pap Test	/	
39. Wet Mount	/	
40. Culture	/	
41. Stool Occult Blood	/	
42. Blood Glucose	/	
43. Cholesterol	/	
44. Thyroid Screen	/	
45. Biopsy	/	
46. Mammogram	/	
47.	/	
48.	/	
49.	/	
50.	/	

Diagnosis and Treatment Plans

22. unable to tolerate internal exam.
No evidence of trauma by visual inspection of external genetalia however, pt states alleged incident occured @ 3/95. It is now 6/95 and any injuries that would have occured at that time would have healed by this time.

Return to clinic as needed.



Next Appointment: __/__/__ Signature: [signature]