

CARTERET OBGYN ASSOCIATES

3511 John Platt Drive – Morehead City, NC 28557 – (252) 247-4297

666 West Corbett Avenue – Swansboro, NC 28584 – (910) 235-8612

Fax (252) 247-7383 – Email ob@carteretobgyn.com

Dear Expectant Parents,

Congratulations and Welcome to Carteret Ob-Gyn Associates. Whether this is your first pregnancy with our office or you have been with us before, thank you for choosing Carteret Ob-Gyn Associates to care for you during your pregnancy and delivery! The following letter will tell you everything you need to know and what to expect as you begin your care with us.

Having a baby is such an exciting time and you are probably anxious to start prenatal care. Before we can schedule your first appointment, you must complete the attached paperwork and return it to our office. You may fax the paperwork directly to our OB Coordinator at 252-240-0392. You may email the paperwork directly to our Ob Coordinator at ob@carteretobgyn.com, or you may drop the paperwork off with a receptionist at our Morehead City or Swansboro location. This paperwork will be reviewed by our OB Team and then our OB Coordinator will contact you to schedule your first appointment. **We cannot schedule your first appointment without this information. Are you attempting to transfer from another office? We still need the attached paperwork and you must also provide us with complete copies of your current OB records before scheduling any appointments!**

Your first appointment will be with our OB Nurse. **We will ask for you to not bring anyone with you to this appointment.** At this appointment, the nurse will review your health history, family history, and previous pregnancies. She will give you information regarding the pregnancy and what to expect throughout your care. Please be prepared to discuss any questions or concerns you may have with the nurse. You will also have prenatal bloodwork drawn at this appointment and meet with our OB Coordinator to discuss your insurance coverage.

****EFFECTIVE JUNE 1st 2018****

ALL PATIENTS WITHOUT 100% MATERNITY COVERAGE WILL BE REQUIRED TO PAY A \$300 DEPOSIT AT THEIR FIRST APPOINTMENT.

PATIENTS WITH NO ACTIVE INSURANCE OR MATERNITY COVERAGE WILL BE REQUIRED TO PAY \$600 DEPOSIT AT THEIR FIRST APPOINTMENT.

Your second appointment will be with one of our OB Providers. At this appointment you will have your first ultrasound, a physical exam, and review your bloodwork results. If for any reason you have already had an ultrasound with our office or another facility you may not have another one at this appointment. We begin listening for fetal heart tones at or around 12 weeks. **We are allowing one adult support person to accompany you for ultrasounds only.**

If you have any questions in regards to establishing your prenatal care, please contact our OB Coordinator at 252-247-1604.

Thank you for choosing Carteret Ob-Gyn Associates for your OB Care!

Sincerely,

The Obstetrical Doctors of Carteret Ob-Gyn Associates

***** PLEASE REMOVE THIS PAGE ONLY AND KEEP FOR YOUR RECORDS*****

Complete the rest of the packet for the office, including signing a copy of this letter

Dear Expectant Parents,

Congratulations and Welcome to Carteret Ob-Gyn Associates. Whether this is your first pregnancy with our office or you have been with us before, thank you for choosing Carteret Ob-Gyn Associates to care for you during your pregnancy and delivery! The following letter will tell you everything you need to know and what to expect as you begin your care with us.

Having a baby is such an exciting time and you are probably anxious to start prenatal care. Before we can schedule your first appointment, you must complete the attached paperwork and return it to our office. You may fax the paperwork directly to our OB Coordinator at 252-240-0392. You may email the paperwork directly to our Ob Coordinator at ob@carteretobgyn.com, or you may drop the paperwork off with a receptionist at our Morehead City or Swansboro location. This paperwork will be reviewed by our OB Team and then our OB Coordinator will contact you to schedule your first appointment. We cannot schedule your first appointment without this information. **Are you attempting to transfer from another office? We still need the attached paperwork and you must also provide us with complete copies of your current OB records before scheduling any appointments!**

Your first appointment will be with our OB Nurse. **We will ask for you to not bring anyone with you to this appointment.** At this appointment, the nurse will review your health history, family history, and previous pregnancies. She will give you information regarding the pregnancy and what to expect throughout your care. Please be prepared to discuss any questions or concerns you may have with the nurse. You will also have prenatal bloodwork drawn at this appointment and meet with our OB Coordinator to discuss your insurance coverage.

****EFFECTIVE JUNE 1st 2018****

**ALL PATIENTS WITHOUT 100% MATERNITY COVERAGE WILL BE REQUIRED
TO PAY A \$300 DEPOSIT AT THEIR FIRST APPOINTMENT.**

**PATIENTS WITH NO ACTIVE INSURANCE OR MATERNITY COVERAGE WILL BE
REQUIRED TO PAY \$600 DEPOSIT AT THEIR FIRST APPOINTMENT.**

Your second appointment will be with one of our OB Providers. At this appointment you will have your first ultrasound, a physical exam, and review your bloodwork results. If for any reason you have already had an ultrasound with our office or another facility you may not have another one at this appointment. We begin listening for fetal heart tones at or around 12 weeks. **We are allowing one adult support person to accompany you for ultrasounds only.**

If you have any questions in regards to establishing your prenatal care, please contact our OB Coordinator at 252-247-1604.

Thank you for choosing Carteret Ob-Gyn Associates for your OB Care!

Sincerely,
The Obstetrical Doctors of Carteret Ob-Gyn Associates

******PLEASE SIGN******

Please sign acknowledging you have read and understood the information above.

Signature _____

Date _____

Carteret OB-GYN Associates -- OB Intake Application

Date _____ MR# _____

Patient Information (please complete all fields)

Name _____ DOB _____ SS# _____

Address _____ City _____ Zip Code _____

Current Insurance Company _____ County _____

Phone: Home _____ Cell _____

Current: Height _____ Weight _____ BMI _____

Allergies

Are you allergic to any medications?

Do you have common allergies?
(Dust, grass, mold, etc.)

Medication	Reaction

Medications

List current medications _____

Pregnancy Information

Recent ER Visit? ☐ Yes ☐ No If Yes, where _____

WHEN and WHERE was your pregnancy confirmed? _____

Do you consent to ultrasounds if medically necessary? ☐ Yes ☐ No

Gynecological History

First day of last menstrual period _____ /Unknown Definite? ☐ Yes ☐ No

Do you have a history of any of the following: 28 Day Cycle? ☐ Yes ☐ No

	Yes	No	
Abnormal Pap Smear	☐	☐	Date _____
LEEP/conization procedure	☐	☐	Date _____
HPV	☐	☐	Date _____
Infertility	☐	☐	Explain _____
Uterine abnormality	☐	☐	Explain _____
DES (Diethylstilbuterol) Exposure	☐	☐	Explain _____

****NOTE: If your last Pap Smear was not completed at Carteret OB-GYN, please bring your most recent Pap records to your OB Interview appointment.****

EDD: _____ OB Interview _____ OB Physical _____

Obstetric History

Including this pregnancy, how many times have you:

Been pregnant

Had miscarriages

Had abortions

Had ectopic preg

Delivery History

Date of Delivery	Weeks	C-section Yes/No	Male or Female	Weight	Location	Comments (complications, vacuum, forceps, etc.)

Patient Family History

Check all that apply:

	Father	Mother	Brother	Sister	Son	Daughter	Comments
Diabetes							
Hypertension							
Heart Disease							
Breast Cancer							
Uterine Cancer							
Ovarian Cancer							
Colon Cancer							

Social History

Current use (check all that apply):

		Amt per day	# years	Type	Comments
Tobacco					
Vape					
Alcohol				N/A	
Caffeine					
Drugs					
None					

Past use (check all that apply):

		Amt per day	# years	Date stopped	Type	Comments
Tobacco						
Vape						
Alcohol					N/A	
Caffeine						
Drugs						
None						

Social History

Do you...

Feel safe at home?

Yes	No
-----	----

Have a history of domestic violence?

Yes	No
-----	----

Have a history of rape?

Yes	No
-----	----

Will you accept a blood transfusion in case of emergency?

Yes	No
-----	----

Planned feeding method?

Breast	Bottle	Unsure
--------	--------	--------

Surgical History

List your past surgeries ...

_____ When? _____

_____ When? _____

_____ When? _____

History of anesthesia complications?

Yes	No
-----	----

 Explain: _____

Past Medical History

<u>Do you have or have you ever had:</u>	Yes	No	Explain
Anemia (low blood count)			
Arthritis/Autoimmune disease			
Blood clotting disorder/DVT			
Bowel disorders			
Breast disease			
Cancer			
Diabetes			
Frequent UTI			
Heart Disease			
Hepatitis/liver disease			
History of blood transfusion			
Hypertension (high blood pressure)			
Kidney Disease			
Migraine			
Psychiatric Disorders			
- Bipolar			
- Anxiety			
- Depression			
- Other psychiatric illness			
Respiratory disease/Asthma			
Seizure disorder			
Thyroid disorder			

Menstrual History

	Yes	No	Explain
Do you have a monthly period?			
Were you on any type of birth control at conception?			

Miscellaneous Information

Pediatrician: _____ Father of baby's Name: _____

Genetic Screening/Teratology

	Yes	No	Explain
Will you be 35 years or older at delivery?			
Have you had more than 2 pregnancy losses?			
Have you had a stillbirth?			

Have you, your partner, or anyone in either family had:

	Yes	No	Patient	Partner	Other family (explain)
Neural tube defects (spina bifida, anencephaly)					
Thalassemia					
Down Syndrome					
Tay Sachs					
Canavan Disease					
Sickle cell disease					
Sickle cell trait					
Familial dysautonomia					
Hemophilia or other bleeding/clotting disorders					
Muscular dystrophy					
Cystic fibrosis					
Huntington's chorea					
Intellectual disability					
If yes, was this person tested for Fragile X					
Autism					
Other inherited genetic/chromosomal disorders					

Ancestry

Is any of your family descended from:

	Yes	No	Who?	What percentage?
French Canadian				
Ashkenazi Jewish				
Cajun				
Mediterranean				
Greek				
Italian				
Asian				

Infection History

	Yes	No	Explain
Have you had a rash or viral illness since your last menstrual period?			
Do you live with someone with TB or exposed to TB?			
Do you or your partner have a history of genital herpes?			
Do you or your partner have a history of Hepatitis B or C?			
Do you have any history of sexually transmitted disease			
Ex. Gonorrhea, Chlamydia, HIV, Syphilis			

Risk Factors for Lead Exposure in Pregnant and Lactating Women

Check all that apply:

	Recent immigration (within 1 year)
	Living near a point source fo lead - lead mines, smelters, or battery recycling plants (even if closed)
	Working with lead or living with someone who does (i.e. Lead production, battery manufacturing, pain
	manufacturing, ship building, ammunition production, or plastic manufacturing)
	Using lead-glazed ceramic pottery
	Eating non-food substances (PICA)
	Using alternative or complementary substances, herbs, or therapies
	Using imported cosmetics or certain food products
	Engaging in certain high-risk hobbies or recreational activities or having family members who do (ie.
	stained glass production or pottery making)
	Renovating or remodeling older homes without lead hazard controls in place
	Consumption of lead-contaminated drinking water
	Having history of previous lead exposure or evidence of elevated body burden of lead
	Living with someone identified with an elevated lead level
	Fishing industry that uses lead
	NONE

Signature	Date Completed
-----------	----------------

Reviewed by	Date
-------------	------

Other Important Information We Need to Know

[illegible]

****Office use Only****

	Yes	No	
Accept?			Provider Initials: _____ Comments: _____