

Pamela \_\_\_\_\_

PHYSICIAN PHONE REPORT

Appt Made 2/27/14

Name Lakisha Wilson Chart # 181005

Age 22 Birthdate 05/06/91

Pregnancy Test  LMP 10-10 HB ✓ morph

Home Phone (614) 390 5061 Alternate ( )

Referred to Preterm by internet

Pelvic/Sono Exam on 2/27 at Columbus Size 18.4

- 1) Taking Medicine yes  no
- 2) Heart Conditions yes  no
- 3) Asthma yes  no
- 4) SD yes  no
- 5) STI yes  no
- 6) Are you Rh negative? yes  no  ?  if yes or unknown, \$ \_\_\_\_\_
- 7) Medical or emotional conditions? yes  no
- 8) Have you ever been hospitalized? yes  no 
  - a) Any NVD yes  no  if yes, # 1
  - b) Any C-Sections yes  no  if yes, # \_\_\_\_\_
  - c) Date of last delivery 8-26-12

Medical Alert

9) Letter needed yes  no  Letter received yes  no  Letter approved yes  no   
 date \_\_\_\_\_ initials \_\_\_\_\_ date \_\_\_\_\_ initials \_\_\_\_\_ date \_\_\_\_\_ initials \_\_\_\_\_

NAME Lakisha Wilson  
 CHART # 181005  
 DAY 1 APPT 3/7 2:30  
 DAY 2 APPT 3/20 11@  
 12:30  
 SEXUAL HEALTH  
 RS  
 CO  
 SO  
 RS  
 RS  
 RS

Phone Advocate Sara TE   
 # Hrs 24 ID  No Kids  One Adult SO  Protestors  Total \$200 (1,180)  
 No Checks  M.O.  MC/Visa/Disc  Ins. Card  Insurance MZ type Molina JF \_\_\_\_\_  
 Notified Parent \_\_\_\_\_ BC \_\_\_\_\_ ID \_\_\_\_\_ Translator Name \_\_\_\_\_

FINANCIAL INFORMATION

Date: 03/07/14 3:20/14  
 Charge: 200+Z 885  
 Payments: 200mc+Z 430sf + 500sf + 175ret + 50c + 25one  
 IC Staff: alm MP

Notary \_\_\_\_\_ ECP \_\_\_\_\_  
 Rh \_\_\_\_\_ ID alm  
 Depo \_\_\_\_\_ Ins alm  
 IV \_\_\_\_\_ Beta \_\_\_\_\_  
 V \_\_\_\_\_ IBU \_\_\_\_\_

REFERRAL

Reason \_\_\_\_\_  
 Referred To \_\_\_\_\_ And/Or \_\_\_\_\_ Referral Advocate \_\_\_\_\_

REFUND

Date	Amount/Form	Reason	IC

Signature receiving refund: \_\_\_\_\_ Date: \_\_\_\_\_