
**Date**_____

**Name**_____

**Last** **First** **Middle**

**SSN** _____ **DOB** _____ **AGE** _____

**How well do you speak English?** **Very Well** _____ **Well** _____ **Not Well** _____ **Not At All** _____

**Language** _____ **Religion** _____

**Are you currently pregnant?** ☐ **Yes** ☐ **No** **Due Date** _____

**Last Menstrual Period** ☐ **Definite** _____ **Referring Doctor** _____

☐ **Unknown**

**Are there any problems with your current pregnancy?** ☐ **Yes** ☐ **No** **If "Yes" please explain**

_____

_____

_____

## Obstetric History

**Please list past pregnancies starting with the first one:**

| Date | Weeks | Length of Labor | Birth Weight | Sex | Type of Delivery | Type of Anesthesia | Hospital/Doctor |
|---|---|---|---|---|---|---|---|
| Example: *2/2/2000* | *37 wks* | *6 hours* | *6lb 3oz* | *male* | *vacuum* | *Epidural* | *Las Vegas/Smith* |
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| Total Pregnancies | Full Term | Premature | Abortions Induced | Miscarriages | Ectopics | Multiple Births | Living Children |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**Comments/Complications with previous pregnancies:**_____

_____

_____

_____

**Reviewed By:**_____

Rocky Mountain Perinatology

# Review of Systems/Medical History

**Please list medications you have taken in the last year or are currently taking:**

| Medication Taken | Dose | Date Taken |
|---|---|---|
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**Please list any known allergies:**

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|---|
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| |

Have you used any street drugs since becoming pregnant? ☐ Yes ☐ No

If "Yes" what type _____

Have you consumed any alcohol since becoming pregnant? ☐ Yes ☐ No

If "Yes" what type _____

Do you smoke? ☐ Yes ☐ No

**Do you have or have you had any of the following conditions?**

| | | | |
|---|---|---|---|
| Unexplained fever | ☐ Yes | ☐ No | ☐ Unsure |
| Vision Problems | ☐ Yes | ☐ No | ☐ Unsure |
| Hearing Loss | ☐ Yes | ☐ No | ☐ Unsure |
| Ear Infections (other than childhood) | ☐ Yes | ☐ No | ☐ Unsure |
| Sinus Problems | ☐ Yes | ☐ No | ☐ Unsure |
| Repeated Nosebleeds | ☐ Yes | ☐ No | ☐ Unsure |
| Long Term Sore Throat | ☐ Yes | ☐ No | ☐ Unsure |
| Pneumonia | ☐ Yes | ☐ No | ☐ Unsure |
| Asthma | ☐ Yes | ☐ No | ☐ Unsure |
| Close contact with person with TB | ☐ Yes | ☐ No | ☐ Unsure |
| Tuberculosis Vaccine (BCG) | ☐ Yes | ☐ No | ☐ Unsure |
| Positive TB Skin Test | ☐ Yes | ☐ No | ☐ Unsure |
| Unexplained Cough | ☐ Yes | ☐ No | ☐ Unsure |
| Unexplained Shortness of Breath | ☐ Yes | ☐ No | ☐ Unsure |
| Other Lung Problems | ☐ Yes | ☐ No | ☐ Unsure |
| Heart Murmur | ☐ Yes | ☐ No | ☐ Unsure |


| | | | |
|---|---|---|---|
| Mitral Valve Prolapse | ☐ Yes | ☐ No | ☐ Unsure |
| Other Heart Valve Problems | ☐ Yes | ☐ No | ☐ Unsure |
| Heart Attack | ☐ Yes | ☐ No | ☐ Unsure |
| Heart Disease | ☐ Yes | ☐ No | ☐ Unsure |
| Unexplained Chest Pains | ☐ Yes | ☐ No | ☐ Unsure |
| | | | |
| Unexplained Fainting | ☐ Yes | ☐ No | ☐ Unsure |
| Irregular Heartbeat | ☐ Yes | ☐ No | ☐ Unsure |
| Other Heart Problems | ☐ Yes | ☐ No | ☐ Unsure |
| High Blood Pressure in Pregnancy | ☐ Yes | ☐ No | ☐ Unsure |
| High Blood Pressure, Other | ☐ Yes | ☐ No | ☐ Unsure |
| Raynaud's Disease, Raynaud's Phenomenon | ☐ Yes | ☐ No | ☐ Unsure |
| Poor Blood Circulation | ☐ Yes | ☐ No | ☐ Unsure |
| Severe Nausea and Vomitting in Pregnancy | ☐ Yes | ☐ No | ☐ Unsure |
| Severe Nausea and Vomitting before Pregnancy | ☐ Yes | ☐ No | ☐ Unsure |
| Intestinal Problems (Irritable Colon, Crohn's Disease, etc.) | ☐ Yes | ☐ No | ☐ Unsure |
| Dietary Restrictions | ☐ Yes | ☐ No | ☐ Unsure |
| Unexplained Recurring Diarrhea | ☐ Yes | ☐ No | ☐ Unsure |
| Constipation Problem | ☐ Yes | ☐ No | ☐ Unsure |
| Heartburn, Reflux | ☐ Yes | ☐ No | ☐ Unsure |
| Hepatitis, Yellow Jaundice | ☐ Yes | ☐ No | ☐ Unsure |
| Liver Problems | ☐ Yes | ☐ No | ☐ Unsure |
| Bladder or Kidney Infections | ☐ Yes | ☐ No | ☐ Unsure |
| Kidney Stones | ☐ Yes | ☐ No | ☐ Unsure |
| Problem with Urination | ☐ Yes | ☐ No | ☐ Unsure |
| Menstrual Problems | ☐ Yes | ☐ No | ☐ Unsure |
| Infertility, Difficulty Getting Pregnant | ☐ Yes | ☐ No | ☐ Unsure |
| Vaginal Infections | ☐ Yes | ☐ No | ☐ Unsure |
| | | | |
| Herpes or A Partner With Herpes | ☐ Yes | ☐ No | ☐ Unsure |
| Sexually Transmitted Disease | ☐ Yes | ☐ No | ☐ Unsure |
| Pelvic Inflammatory Disease | ☐ Yes | ☐ No | ☐ Unsure |
| Gonorrhea | ☐ Yes | ☐ No | ☐ Unsure |
| Chlamydia | ☐ Yes | ☐ No | ☐ Unsure |
| Syphilis | ☐ Yes | ☐ No | ☐ Unsure |
| Genital Warts | ☐ Yes | ☐ No | ☐ Unsure |
| HIV Infection, AIDS or a Partner with HIV/AIDS | ☐ Yes | ☐ No | ☐ Unsure |
| Abnormal Pap Smear | ☐ Yes | ☐ No | ☐ Unsure |

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| | | | |
|---|---|---|---|
| Diabetes (High Blood Sugars) | ☐ Yes | ☐ No | ☐ Unsure |
| Thyroid Problems | ☐ Yes | ☐ No | ☐ Unsure |
| Other Hormone Problems | ☐ Yes | ☐ No | ☐ Unsure |
| Epilepsy, Seizure Disorder | ☐ Yes | ☐ No | ☐ Unsure |
| Unexplained Drowsiness | ☐ Yes | ☐ No | ☐ Unsure |
| Migraine/Cluster Headaches | ☐ Yes | ☐ No | ☐ Unsure |
| Other Recurring Headaches | ☐ Yes | ☐ No | ☐ Unsure |
| Depression | ☐ Yes | ☐ No | ☐ Unsure |
| Panic Attack Disorder | ☐ Yes | ☐ No | ☐ Unsure |
| Psychiatric/Mental/Emotional Problems | ☐ Yes | ☐ No | ☐ Unsure |
| Skin Problems | ☐ Yes | ☐ No | ☐ Unsure |
| | | | |
| Unexplained Hair Loss | ☐ Yes | ☐ No | ☐ Unsure |
| Arthritis/Joint Pains | ☐ Yes | ☐ No | ☐ Unsure |
| Lupus | ☐ Yes | ☐ No | ☐ Unsure |
| Rheumatic Fever | ☐ Yes | ☐ No | ☐ Unsure |
| Blood Transfusions | ☐ Yes | ☐ No | ☐ Unsure |
| Bleeding Tendency | ☐ Yes | ☐ No | ☐ Unsure |
| Blood Clots, Thrombophlebitis | ☐ Yes | ☐ No | ☐ Unsure |
| Rh Sensitized | ☐ Yes | ☐ No | ☐ Unsure |
| Do You Currently Smoke? | ☐ Yes | ☐ No | ☐ Unsure |
| Any Past Surgeries (If yes please list below) | ☐ Yes | ☐ No | ☐ Unsure |
| Any Known Drug Allergies? | ☐ Yes | ☐ No | ☐ Unsure |

| Year | Type of Operation | Type of Anesthesia | Hospital/City | Surgeon |
|---|---|---|---|---|
| **Example:** | | | | |
| *1999* | *Appendectomy* | *General* | *Good Sam/San Jose, CA* | *Smith* |
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Reviewed By_____

Rocky Mountain Perinatology

# Genetic/Family History

**Please describe your ancestry: Please check all that apply**

☐ White ☐ Guamanian ☐ Hawaiian ☐ Filipino ☐ Taiwanese
☐ African ☐ French Canadian ☐ Samoan ☐ Japanese ☐ Korean
☐ Hispanic ☐ Native American ☐ Chinese ☐ Laos ☐ Asian-East Indian
☐ Ashkenazi ☐ Greek ☐ Cambodian ☐ Vietnamese ☐ Middle Eastern
☐ Cajun ☐ Italian ☐ Other Southeast Asian ☐ Unknown Race ☐ Other_____

Are you and the father of this baby blood relatives (example: cousins)? ☐ Yes ☐ No

What is your occupation? _____

What is the Name of the Baby's Father_____ What is the age of the father of the baby? _____

What is the occupation of the father of the baby? _____

**How would you describe the ancestry of the father of this baby? Please check all that apply**

☐ White ☐ Guamanian ☐ Hawaiian ☐ Filipino ☐ Taiwanese
☐ African ☐ French Canadian ☐ Samoan ☐ Japanese ☐ Korean
☐ Hispanic ☐ Native American ☐ Chinese ☐ Laos ☐ Asian-East Indian
☐ Ashkenazi ☐ Greek ☐ Cambodian ☐ Vietnamese ☐ Middle Eastern
☐ Cajun ☐ Italian ☐ Other Southeast Asian ☐ Unknown Race ☐ Other_____

Is the father of this baby your partner? ☐ Yes ☐ No

**Do you, the father of this baby, or any close relatives have:**

| | | | | | |
|---|---|---|---|---|---|
| Thalassemia (Greek, Mediterranean, or Asian Background) | ☐ Yes | ☐ No | Other inherited Genetic Disorder | ☐ Yes | ☐ No |
| Neural Tube Defect (Meningomyelocele Spina Bifida, of Anencephaly) | ☐ Yes | ☐ No | Maternal Metabolic Disorder (ex: Insulin-Dependent Diabetes, thyroid) | ☐ Yes | ☐ No |
| Congenital Heart Defect | ☐ Yes | ☐ No | Birth Defects | ☐ Yes | ☐ No |
| Down Syndrome | ☐ Yes | ☐ No | Recurrent Pregnancy loss, Stillbirth | ☐ Yes | ☐ No |
| Tay-Sachs (ex: Jewish, Cajun, French Canadian | ☐ Yes | ☐ No | Blindness or Deafness | ☐ Yes | ☐ No |
| Sickle Cell Disease | ☐ Yes | ☐ No | Bone or Skeletal Disorder (Dwarfism) | ☐ Yes | ☐ No |
| Hemophilia or Bleeding Problems | ☐ Yes | ☐ No | Breast, Ovarian, Colon Cancer | ☐ Yes | ☐ No |
| Muscular Dystrophy | ☐ Yes | ☐ No | Kidney Disorder | ☐ Yes | ☐ No |
| Cystic Fibrosis or Canavan Disease | ☐ Yes | ☐ No | Diabetes | ☐ Yes | ☐ No |
| Mental Retardation/Autism | ☐ Yes | ☐ No | Blood Clots/Stroke | ☐ Yes | ☐ No |
| If Yes: Tested for Fragile X | ☐ Yes | ☐ No | Other_____ | | |
| Huntington Chorea | ☐ Yes | ☐ No | | | |

**Comments:**_____
_____
_____


**Rocky Mountain Perinatology**
**Care Agreement**

***After hours care***:

- Urgent or Emergent care by Rocky Mountain Perinatology is available 24/7 on call.

***Ultrasound***

Ultrasound examination can detect many abnormalities, but some abnormalities are not detectable by ultrasound. You should realize that even with a complete ultrasound exam, we may be unable to find existing fetal abnormalities or those abnormalities that can appear later in the pregnancy or after birth. Findings on an ultrasound exam can be an indicator of potential chromosomal abnormalities but are not definitive. Currently, the only way to assess the baby's chromosomes with certainty is to actually obtain a sample of the baby's cells by amniocentesis, chorionic villus sampling, or fetal blood sampling.

***Colorado Prescription Drug Monitoring Program***

If you receive a prescription for a "controlled" (Schedule II through V) drug, your identifying prescription information will be entered into Colorado's electronic Prescription Drug Monitoring Program (PDMP) database when this drug is dispensed to you and may be accessed for limited purposes by specified individuals. You have a right to access your information in the PDMP through the Colorado Board of Pharmacy. You may seek corrections to the information as you would with your other medical records.

***Privacy Practices:***

I have been offered the opportunity to review, read and understand the RMP Notice of Privacy Practice.
I hereby consent that my health records may be disclosed to necessary parties for the purposes of my treatment, payment and health care services.
I understand I may revoke my consent at any time; however Rocky Mountain Perinatology is not required to accept my request. Revocation form must be completed and returned to RMP to be enforced and in effect the day it is received by RMP.

***Financial Obligations:***

I am obliged to understand, agree, and be financially responsible for services rendered to me by RMP providers.
I agree to pay my balance in full upon receipt of RMP Statement or letter requesting such payment.
I understand and agree that balances over 30 days old will incur a service charge and be considered past due.
I authorize the release of any information necessary to process my claims and irrevocably assign all benefits for claims to RMP.

_____ _____

Patient Signature Date



Sticker

**Rocky Mountain Perinatology (RMP)**

**Consent for the Use or Disclosure of Protected Health Information (PHI)**

I understand that as part of my healthcare, RMP originates and maintains health records describing my history, exam, tests results, diagnoses, treatments: past present and future; as well as costs, payments and adjustments by myself and my health plan.

**I, _____, hereby consent to the use, access and disclosure of my PHI for the purposes of:**

- planning my care and treatment, including other professionals and facilities that contribute to my care.
- communicating with other professionals who contribute to my care.
- evaluating care quality and professional competence.
- communicating appointments and/or balances on previously rendered and/or charged services for RMP provider and our agents and assigns.
- supplying diagnostic and procedural information to a third party for the processing of my services and bills related to my service.

I, _____, **hereby consent to the use, access and disclosure of my PHI to:**

☐ Spouse _____ ☐ Parent/Guardian_____

☐ Son/Daughter_____ ☐ Other_____

*By signing below, I understand and give my full consent to be contacted on the landline and/or cell phone number(s) provided to Rocky Mountain Perinatology and their assigns, including: appointments, test results, financial information, billing, and marketing material. This express authorization also applies to any landline or cell phone number(s) that I may acquire in the future. Rocky Mountain Perinatology and their assigns may also contact me by sending text messages or emails, using any e-mail address I may provide. *NOTE: Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable. Providing your phone number(s) is not a condition of receiving services.*

I understand:

- I may request restriction on the uses and disclosures of my **PHI** at any time by completing and signing a restriction request form. I understand that RMP is not required to accept my restriction request.
- I understand I may revoke this consent at any time by signing a revocation form and returning it to the Medical Records Department at RMP. I further understand that any such revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on this consent.

My signature below acknowledges that I have read and understand and consent to RMP privacy and disclosure practices.

_____ _____

Signature Date

Rocky Mountain Perinatology

# Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Rocky Mountain Perinatology is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Rocky Mountain Perinatology please contact:

Privacy Officer/Director of Clinical Operations
1107 S. Lemay Avenue, Suite 410
(970) 294-4464

**Effective Date of This Notice: January 2, 2013**

## I. How Rocky Mountain Perinatology may use or disclose your health information

Rocky Mountain Perinatology collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Rocky Mountain Perinatology, but the information in the medical record belongs to you. Rocky Mountain Perinatology protects the privacy of your health information. We ask you to fill out a HIPAA consent, informing us of where you want to receive messages for lab/tests results and financial data. Additionally, you can give consent for your spouse and/or parents to have access to your health information in non-emergent circumstances. **For patients over the age of 15, Rocky Mountain Perinatology cannot discuss information with any other party, including your parent or spouse, without your written consent.** The law permits Rocky Mountain Perinatology to use or disclose your health information for the following purposes:

1. Treatment.
    a. Ordering lab or tests at another facility.
    b. Providing surgical care at another facility.
    c. Providing prenatal and/or postpartum care at another facility.
    d. A means of communication among other healthcare professionals and facilities that contribute care, including pathology and radiology.
    e. A basis for planning care and treatment among other healthcare professionals and facilities that contribute care, including pathology and radiology.
    f. Prescribing or refilling of patient prescriptions and medications.
2. Payment.
    a. A source of information for applying diagnoses and service information to a patient's bill.
    b. Appealing a denial for the purpose of receiving payment for services.
    c. Submission of claims for billing purposes.
3. Regular Health Care Operations.
    a. Intake of personal information so that treatment and payment operations can occur without interruption.
    b. Scheduling of appointments within Rocky Mountain Perinatology facilities and outside facilities where treatment may be coordinated and confirmation of the appointment to the patients listed phone number.
    c. Referral of patient to outside facilities or healthcare professionals.
4. Information provided to you.


5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. Required by law. As required by law, we may use and disclose your health information.
7. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
8. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
10. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying of locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
11. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
12. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
13. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or the Rocky Mountain Perinatology privacy board.
14. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
15. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
16. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
17. Change of Ownership. In the event that Rocky Mountain Perinatology is sold or merged with another organization, your health information/record will become the property of the new owner.

**II. When Rocky Mountain Perinatology may not use or disclose your health information**

Except as described in this Notice of Privacy Practices, Rocky Mountain Perinatology will not use or disclose your health information without your written authorization. If you do authorize Rocky Mountain Perinatology to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

**III. Your Health Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information. Rocky Mountain Perinatology is not required to agree to the restriction that you requested.
2. You have the right to receive your health information by signing the Rocky Mountain Perinatology Authorization to Release Records form. There may be a charge associated with the copying of the records please contact Medical Records for further details.
3. You have the right to inspect your health information.
4. You have the right to request that Rocky Mountain Perinatology amend your health information that is incorrect or incomplete. Rocky Mountain Perinatology is not required to change your health information and will provide you with information about Rocky Mountain Perinatology denial and how you can appeal the denial.

5. You have the right to receive an accounting of disclosures of your health information made by Rocky Mountain Perinatology. This record is not required to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and 5 (directory listings) of section I of this Notice of Privacy Practices.
6. You have the right to a paper copy of this Notice of Privacy Practices.

**IV. Changes to this Notice of Privacy Practices**

Rocky Mountain Perinatology reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, Rocky Mountain Perinatology is required by law to comply with this Notice.

**V. Complaints**

Complaints about this Notice of Privacy Practices or how Rocky Mountain Perinatology handles your health information should be directed to:

Director of Clinical Operations or Privacy Officer

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your compliant to one of the regional Offices for Civil Rights. A list of these offices can be found online at http://www.hhs.gov/ocr/regmail.html.