



# Congratulations!

Congratulations on your pregnancy! *We encourage you to begin taking an over the counter prenatal vitamin that is high in folic acid.*

At your first appointment you will meet with a Registered Nurse to review your medical history, discuss diet, activity and answer questions. The appointment will take approximately one hour.

In this packet you will find all forms that must be completed **prior** to arriving. You must arrive 30 minutes prior to your appointment time to allow for registration and medical record updates based on your history forms.

The following is a list of items you will need to have completed and/or bring with you to your appointment.

- **Patient Information (Page 14 of this document)**
- **Financial Policy (Page 15 of this document)**
- **Alliance Patient History Questionnaire (Pages 16-19 of this document)**
- **Personal Release of Protected Health Information (Page 20 of this document)**
- **Valid Picture ID (Driver's License/State ID)**
- **Insurance Card(s)**
- **Prenatal Testing Information (Pages 10-13 of this document)**
- **Any previous OB/GYN medical records**

**PLEASE BE AWARE THAT RESCHEDULING WILL BE NECESSARY IF THE FORMS ARE INCOMPLETE AND/OR FAILURE TO ARRIVE 30 MINUTES PRIOR TO APPOINTMENT TIME.**

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Alliance is excited to offer a new way to get pregnancy care. **CenteringPregnancy** is prenatal care that includes traditional health check-up with additional time and attention in a group setting facilitated by a Nurse Practitioner or Nurse Midwife. Please be sure to read the information in this packet and review the prezi presentation on our website.  
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At the conclusion of the prenatal interview, we will arrange for your prenatal lab work to be done at a local laboratory. Our receptionist will then schedule an appointment with your physician for your prenatal physical if you have not already done so. Prior to your office visit, please check with your insurance company to see if an authorization is required for maternity related services. If you are unable to keep this appointment please notify our office 24 hours prior to your appointment. If you do not cancel your appointment in the designated time we may be unable to reschedule your appointment.

Thank you for choosing Alliance Obstetrics and Gynecology, PLLC for your health care.



# Prenatal Information

## **DELIVERING PHYSICIAN**

Our call rotation is evenly split and you will be delivered by the physician on call. Our on call doctor is not scheduled to see patients in the office, allowing them to be more available to laboring patients.

## **PATIENT QUESTIONS**

At your first visit the nurse will review our website which is an excellent resource for pregnancy related questions. If the information included in your packet fails to answer your questions, and you are unable to wait until your next appointment, please call our phone nurses. When you call the office our operator will pass the information to the nurses. Calls are returned between the hours of 9am and 4pm. Be sure to give a number where you can be reached all day. In addition, the patient portal is a great way to communicate **non-urgent** questions to our nurses. If you have not signed up for our portal, please ask your nurse at your first visit.

## **THINGS TO AVOID**

- Cigarettes, alcohol, “street” drugs, caffeine, saccharin
- Vaginal douching
- Over the counter drugs, not listed on the “Common Problems & Medication” sheet
- Old prescription drugs, prescribed prior to being pregnant
- Hot tubs, Jacuzzis and whirlpools with water exceeding 100 degrees Fahrenheit
- Toxic substances, i.e. varnish, paint remover, etc. Use only with good ventilation for short periods of time.
- Avoid intercourse if threatening to miscarry, experiencing bleeding/cramping, if your bag of water has ruptured or if you feel you may be in premature labor.
- If you are a cat owner, refrain from emptying the cat litter box. Wear gloves while working in the yard or garden.

## **ISSUES OF CONCERN:**

If you experience any of the following please call our office, Monday – Friday, 8:00 a.m. to 4:30 p.m. If you experience the following after our regular clinic hours, please go to OB admitting at Sparrow Hospital, 3<sup>rd</sup> floor.

- Chills or fever over 101 degrees Fahrenheit
- Painful or burning urination
- Bloody discharge or bright red bleeding from the vagina
- Persistent abdominal pain that is not relieved by a bowel movement
- Severe nausea or vomiting/diarrhea that could lead to dehydration. (Severe meaning several times within an hour)
- Visual disturbances, i.e. blurring or doubling of vision
- Severe or persistent headache lasting more than 2-3 hours after taking regular or extra strength Tylenol as directed by package
- Before 36 weeks if you think you are in labor. Go to Sparrow early, as we may need to try to stop preterm labor conditions.
- After 36 weeks – as long as the baby is active and water is not broken, stay home as long as you are comfortable. When contractions are strong and regular, go to Sparrow.
- Gush or steady leaking of fluid from vagina, even if you are not having contractions.

***It is not necessary to call us before you go to Sparrow, they will notify us of your arrival.***



### **NUTRITION, HYDRATION AND WEIGHT GAIN**

We DO NOT want you to diet while you are pregnant. We encourage you to read the information in your packet regarding what you can and cannot eat. This will provide you with good information on healthy eating while pregnant. We encourage a minimum of six to eight glasses of water daily. A weight gain of 20-40 pounds during your pregnancy is recommended, depending on your build.

### **EXERCISE GUIDELINES**

- Do not become over fatigued while exercising
- Do not put yourself at risk for injury, or risk of falling and possible injury to the baby
- Keep heart rate under 140
- Any other questions regarding exercise or other activities, please ask your doctor.

### **GENERAL PLAN OF CARE**

An average pregnancy lasts 40 weeks and the following is a general plan of care. Below is a generalized appointment list. *There may be changes to the schedule below due to individual needs and as directed by your physician*

**At each visit you can anticipate;** Weight, Blood Pressure, Urine dip (to check for protein & sugar), Measurement of uterus and Baby's heartbeat (after 10 weeks) via Doppler.

### **TRADITIONAL CARE**

Your visits will be organized to reflect our "modified group practice". One of our physicians will be your primary obstetrician. This means you will see him/her for the majority of your visits, especially in the first 20 weeks and last 4 weeks where decisions are to be made and complications occur more frequently. The middle months are usually uneventful, and are used to visit each one of the other physician's so you can get to know all of us. You also have the option of scheduling all of your appointments with your primary physician. If you choose to only schedule with your primary there are a couple things we need to bring to your attention; one of the other physicians may be on call when you deliver and when you reach 36-40 weeks and are seen on a weekly basis, your physician may be out of the office and you would be required to see another physician.

### **CENTERING PREGNANCY CARE**

This is a new way to get prenatal care in a group setting facilitated by a Nurse Practitioner or Nurse Midwife. Each group consists of 8-12 women with similar due dates and meets for 10 2-hour sessions during your pregnancy. These group schedules are set in advance for your entire pregnancy allowing you to plan ahead and have little risk of changing. Groups include discussion, activities and time for sharing in a relaxed and fun setting. In this model you will also have a few traditional visits with your primary physician.

**See attached grid for comparison.**



**COMPARISON CENTERING VS. TRADITIONAL**

Here is a comparison of what your appointment schedule would be like in the CenteringPregnancy model vs. Traditional model. This may be helpful for you to determine which option works best for you.

<b>CenteringPregnancy</b>	<b>Traditional</b>
7-9 weeks – RN Visit <ul style="list-style-type: none"> <li>History review</li> <li>Education</li> <li>Lab work</li> </ul>	7-9 weeks – RN Visit <ul style="list-style-type: none"> <li>History review</li> <li>Education</li> <li>Lab work</li> </ul>
10-12 weeks – Exam with Usual Provider <ul style="list-style-type: none"> <li>Physical Exam</li> <li>History review</li> <li>Listen to baby’s heartbeat (using Doppler) 10 weeks or more</li> </ul>	10-12 weeks – Exam with Usual Provider <ul style="list-style-type: none"> <li>Physical Exam</li> <li>History review</li> <li>Listen to baby’s heartbeat (using Doppler) 10 weeks or more</li> </ul>
12-16 weeks – Session 1 Group	14-16 weeks – Visit with Nurse Practitioner
18-20 weeks – Ultrasound & Usual Provider Visit <ul style="list-style-type: none"> <li>An ultrasound of the baby’s anatomy</li> </ul>	18-20 weeks – Ultrasound & Usual Provider Visit <ul style="list-style-type: none"> <li>An ultrasound of the baby’s anatomy</li> </ul>
16-20 weeks – Session 2 Group	24 week – Visit with Physician
20-24 weeks – Session 3 Group	28 week – Visit with Physician <ul style="list-style-type: none"> <li>Lab work</li> </ul>
24-28 weeks – Session 4 Group <ul style="list-style-type: none"> <li>Lab work</li> </ul>	32 week – Visit with Nurse Practitioner <ul style="list-style-type: none"> <li>Discuss labor, baby care and postpartum planning</li> </ul>
26-30 weeks – Session 5 Group	34 week – Visit with Physician
28-32 weeks – Session 6 Group <ul style="list-style-type: none"> <li>Group B Strep culture</li> </ul>	36 week – Visit with Usual Provider <ul style="list-style-type: none"> <li>Group B Strep culture</li> </ul>
30-34 weeks – Session 7 Group	37 week – Visit with Physician
32-36 weeks – Session 8 Group	38 week – Visit with Physician
34-38 weeks – Session 9 Group	39 week - Visit with Physician
37-39 weeks – Visit with physician**	40 weeks 1 day – Visit with physician <ul style="list-style-type: none"> <li>Non-stress Test with MA</li> <li>Ultrasound – with Ultrasound Tech</li> </ul>
36-40 weeks – Session 10 Group	
40 weeks 1 day – Visit with physician <ul style="list-style-type: none"> <li>Non-stress Test with MA</li> <li>Ultrasound – with Ultrasound Tech</li> </ul>	Labor & Delivery Class – 2 sessions* Natural Child Birth Class – 4 sessions* Held at Expectant Parent Organization*

\*This is an optional service with an additional cost and is not provided at Alliance.

\*\*Group session and traditional visits to equal once a week between 36 weeks and 40 weeks gestational age.



## **Should I have Prenatal Testing done?**

Although most babies are born in great condition, worrying that your baby may have a problem is common in pregnancy. A variety of tests are available to help detect some of these problems. This worksheet will help you decide if you want any testing done, and if so, what type is right for you. Please review this information and answer the questions at the end **BEFORE** your first visit with the nurse, and bring it with you so we can help make a plan for your pregnancy.

Prenatal tests are used to screen for problems such as chromosome abnormalities (for example Down or Edwards Syndrome), or open neural tube defects (for example spina bifida or anencephaly). Test types fall into two categories: screening tests and diagnostic tests. They can be performed in the first trimester at 10-13 weeks, the second trimester at 15-20 weeks, or in both trimesters. Different types of testing are recommended based on each mother's individual risk.

- Screening tests do not tell you if your baby has a problem, they only tell you if you are above or below the average risk for them. The advantage of screening tests is that they pose little to no risk to you or your baby. The disadvantage is that they don't give you a definitive answer, and they have "false positives" (abnormal test, normal baby) and "false negatives" (normal test, abnormal baby). The chance that an affected baby will have an abnormal screening test (abnormal test, abnormal baby) is called the "detection rate".
- Diagnostic tests are very accurate and will almost always give you definitive yes or no answer. Diagnostic tests are nice because you usually know for sure what's happening, but they carry small risks, sometimes causing miscarriage of a normal baby. So the result of a diagnostic test is more definite than one you get with a screening test, but the risk is slightly higher too. These types of tests are generally recommended if you have an abnormal screening test.

## **Fetal Anatomy Ultrasound**

As a part of your routine prenatal care, your doctor will order a fetal anatomy ultrasound between 18-20 weeks. This ultrasound will be ordered regardless of your decision to have prenatal genetic screening or diagnostic testing.

### **What is it?**

This ultrasound is one of the best ways to see how your baby is developing and offer some reassurance that at this point in pregnancy the baby is developing normally. This is a screening ultrasound, not a diagnostic test. An anatomic Ultrasound will evaluate your baby's growth and major organs, to be sure they have formed properly. It is a special test that gives you a specific glimpse of your growing baby. This test does not check your baby's chromosomes. A prenatal anatomic ultrasound does not detect all physical abnormalities of a baby. During your ultrasound, the baby will be measured from side to side on his/her head, around the head, around the abdomen, and from hip to knee (femur bone). And that's just for starters. The four chambers and blood vessels of the heart will be evaluated, as well as the stomach, kidneys, and bladder of your baby. The internal structures of the baby's brain will be evaluated along with the spine, arms, legs, face and profile. A survey of the baby's anatomy, as well as the placenta location, amniotic fluid levels, and umbilical cord, will help to ensure that the pregnancy is overall developing normally. But if not, it may identify potential problems and thus lead to creating the best possible care plan for you and your baby. The ultrasound will give your doctor a picture of the overall health of your baby and your pregnancy. If you would like to find out the gender of your baby, that too is possible at this time.

### **What does the mother expect during the ultrasound?**

You will lie back on an exam table with your belly exposed, and a sonographer will apply a special gel and move the transducer over your abdomen. As sound waves are emitted from the transducer, they will bounce off "structures" inside your belly and images are formed on the screen. To get the most information from the anatomy of your baby, the sonographer will be obtaining many different views from a lot of different angles. When the sonographer obtains a clear picture, she will freeze-frame the picture for the doctor. The ultrasound can take anywhere from 20 to 50 minutes, depending upon how cooperative your little one wants



to be. All electronic devices (including cell phones) must be turned off during the appointment. We don't allow any pictures or recording of the exam, but you can expect to go home with a couple of pictures as well as a CD. The doctor will review the results of the exam following your ultrasound once the sonographer has obtained all of the images and measurements needed.

## **Screening Blood Tests**

### **Full Integrated Test**

This test combines results from two sets of tests, a blood test and ultrasound done at 11-13 weeks, and another blood test done at 15-18 weeks. The results of the ultrasound and both blood tests are analyzed together after the second blood draw. This test screens for Down Syndrome (Trisomy 21), Trisomy 18, and open neural tube defects such (spina bifida for example). This test detects 94% of fetal Down Syndrome, and has a low false positive rate (5%). Results are available by about 16-19 weeks (after your second blood draw). The results will provide you a personalized risk number for each tested condition. For example: Down Syndrome risk is 1 in 1100. Because of its low false positive rate, this test is recommended for patients who are low risk but wish to have more information than that which is provided at the 20 week ultrasound.

### **Noninvasive prenatal test**

A noninvasive prenatal test (NIPT) is a single blood test performed any time at or after 10 weeks. During pregnancy, 3-13% of the DNA in your blood stream is circulating cell free fetal DNA that comes from the placental cells. A NIPT works by evaluating the amount of cell free DNA in your blood. NIPTs screen for Down Syndrome (Trisomy 21), Trisomy 18, and Trisomy 13. This screening test is recommended for patients who are considered to be high risk for fetal chromosome abnormalities. Detection rate for Down Syndrome is reported at 99% in high risk women (those who are age 35+, who have a history of a previous child with a chromosomal abnormality, or those with Robertsonian translocation). Cell free DNA screen does not evaluate the risk of open neural tube defects or any other abnormalities that may be present. This testing is not recommended for low risk patients due to an increased likelihood of false positive results.

### **Alpha-Fetoprotein test**

This test is a single blood test done around 15-22 weeks and assesses only the risk for fetal open neural tube defects. This test may be recommended for high-risk patients who are also having a non-invasive prenatal test.

Look over this table for more information about the pros and cons of each of the above screening tests.

Test	What it tests for	Detection rate	False positive rate	When its available
Full Integrated test	Down Syndrome, Trisomy 18, open neural tube defects	94%	5%	16-20 weeks
Non-invasive prenatal test	Down Syndrome, Trisomy 13, Trisomy 18	99%	0.5% (high risk) to 50% (low risk)	10 or more weeks
AFP test	Open neural tube defects	80%	5%	16-22 weeks



**Diagnostic Tests**

Diagnostic testing options include Chorionic Villus Sampling and Amniocentesis. Please let your physician know if you are interested in either of these testing options.

**Facts to consider**

- Diagnostic tests are more invasive and therefore less safe, but are more accurate
- Screening tests are safer but don't give you a "yes or no" answer
- The genetic conditions being tested for cannot be "fixed", even if we know about them in advance. Having information regarding your baby's genetics allows your provider to optimize your care and your baby's care during pregnancy.
- Prenatal testing is done to gather information, not to find abnormal babies for pregnancy termination. Many parents who would not terminate an abnormal pregnancy have prenatal testing done in order to be prepared for their newborn's special needs.
- Many mental and physical handicaps are not due to chromosome abnormalities or anatomic abnormalities, and are therefore not detectable by blood tests, ultrasounds, or amnio/CVS.

**Circle your age-based risk**

Age at delivery	Down Syndrome risk (Trisomy 21)	al risk for Trisomy 21, Trisomy 18, and Trisomy 13
33	1/625	1/345
34	1/500	1/277
35	1/385	1/204
36	1/303	1/167
37	1/227	1/130
38	1/175	1/103
39	1/137	1/81
40	1/106	1/63
41	1/81	1/50
42	1/64	1/39
43	1/50	1/30
44	1/38	1/24
45	1/30	1/19

Adapted from Schreinemachers, DM, Cross, PK, Hook, EB. Rates of trisomies 21,18,13 and other chromosome abnormalities in about 20,000 prenatal studies compared with estimated rates in live births. Hum Genet 1982; 61:318. In UpToDate.



## Cystic Fibrosis Carrier Screening

### What is Cystic Fibrosis?

Cystic fibrosis is a genetic disorder in which an abnormal gene is passed from parents to their children. It is an illness that does not have a cure, though treatment options are available. CF affects all of the organs in the body, but it most commonly causes problems with the gastrointestinal and respiratory systems. It does not affect a person's physical appearance or mental abilities. The disease can cause serious illness, in fact average life expectancy is about 37 years.

### What is Cystic Fibrosis carrier screening?

Cystic Fibrosis is a recessive trait, which means that people can carry the abnormal gene that causes cystic fibrosis without actually having the illness. Approximately 1 in 25 non Hispanic whites are carriers of the genetic mutation. These people are called "carriers". If two carriers have a baby, there is 25% chance that their child will have cystic fibrosis. Carrier screening is a blood test that can be performed before or during pregnancy to determine whether or not a mother carries this gene.

### Is testing covered by my insurance?

Although this simple test is highly recommended, insurance coverage varies greatly. For this reason, it is recommended that patients check with their insurance company to see if this test is covered. To check coverage, call the customer service number on the back of your card and give the representative the following information:

#### Diagnosis Code:

-If you are not pregnant: Z13.228 (Cystic Fibrosis Screening)

-If you are pregnant: O99.89 (Other specified diseases or conditions complicating pregnancy, childbirth, and puerperium) AND Z13.228 (Cystic Fibrosis Screening)

#### Test Code: 81220

### What if my test is negative?

A negative test indicates that your risk of being a CF carrier is extremely small. No additional testing is recommended for you or the baby's father.

### What if my test is positive?

A positive result indicates that you are a carrier of the abnormal gene that causes cystic fibrosis. If your test is positive, your doctor will recommend that the baby's father undergo the same test. If both of you are positive, there is only a 25% chance that your baby will have cystic fibrosis.

### What if I've been tested in the past?

If you have had a cystic fibrosis carrier screen in the past, please tell us! Your result will not change, so repeating the test is not necessary. We will simply add your result into your medical record.





## Insurance Codes for Prenatal Labs

Test	Code(s)
Cystic fibrosis	81220
Combined Test	84163; 84702
Serum Integrated Test	84163; 82105; 82677; 84702; 86336
Full Integrated Test	84163; 82105; 82677; 84702; 86336; 76813
Quad Test	82105; 82677; 84702; 86336
Alpha-Fetoprotein	82105
Non-Invasive Prenatal test**	81420
Nuchal Translucency Ultrasound	76813

**Diagnosis code for Labs (use the code that applies to you)**

Z34.01 Normal first pregnancy in first trimester

Z34.81 Normal pregnancy (other than the very first) in first trimester

Z36 Encounter for Nuchal Translucency ultrasound

Other: \_\_\_\_\_

\*Pricing for the above tests is determined by the performing lab and is subject to change. Please call the labs listed below for pricing if your chosen testing is not covered by insurance.

**Sparrow Hospital:** 517-364-6000

**Quest:** 1-866-697-8378

\*\*Pricing for Non-Invasive Prenatal Tests is determined by the performing lab and may differ from insurance quotes. Ariosa Diagnostics, the lab that performs and bills for the Harmony Prenatal test located in California may be “out-of-network” for your insurance carrier. We therefore encourage you to call Harmony Client Services (1-855-927-4672 option 1) **PRIOR** to having your blood drawn for the test. A Billing Specialist will be able to review your unique insurance plan to provide you with more specific information regarding your cost for the Harmony Test.



# BRING COMPLETED FORM TO APPOINTMENT

**Please answer the following questions about your personal and family history.**

Have you or the baby's father or anyone in either of your families ever had:

• Spina Bifida (open spine)	Yes	No
• Hemophilia	Yes	No
• Muscular Dystrophy	Yes	No
• Cystic Fibrosis	Yes	No
• Blood clots	Yes	No
• Sickle cell anemia	Yes	No
• Have you or the baby's father ever had a child born with a birth defect other than those listed above?	Yes	No

Do you or the baby's father have any close relative(s) who are mentally impaired? List cause if known: \_\_\_\_\_ Yes No

Do you or the baby's father have close relatives with a congenital heart defect? \_\_\_\_\_ Yes No

Do you, the baby's father, or a close relative in either family have any genetic or chromosomal disorder not listed above? If yes, please describe: \_\_\_\_\_ Yes No

Have you, or the spouse of the baby's father in a previous marriage, had 2 or more miscarriages? \_\_\_\_\_ Yes No

Do you or the baby's father have any of the following ancestry? (Circle)

- Eastern European (Ashkenazi Jewish)
- French Canadian
- Northern European (Caucasian)
- African American
- Greek
- Middle Eastern

Asian Indian (India)

Ethnic background of the mother of the baby: \_\_\_\_\_

Ethnic background of the father of the baby: \_\_\_\_\_

**Please complete the following table about your PERSONAL pregnancy history.**

Date	Miscarriage, termination, or type of delivery	Weeks gestation at delivery/end of pregnancy	Infant's Birth Weight	Complications (with pregnancy or delivery)	Place of delivery/delivering physician	Gender	Name



# BRING COMPLETED FORM TO APPOINTMENT

## Risk Assessment Questionnaire

Please answer the following questions to determine your personal risk category, and therefore which type of prenatal testing is recommended for you. **Please note that you are NOT required to select any form of testing, and can instead choose to have the 20 week ultrasound only.**

- |   |     |    |
|---|-----|----|
| 1. Will you be 35 years old or older when your baby is born?  | YES | NO |
| 2. Do you have a history of a pregnancy diagnosed with the following conditions:  |     |    |
| Trisomy 21 (Down Syndrome)  | YES | NO |
| Trisomy 18 (Edwards Syndrome)   | YES | NO |
| Trisomy 13 (Patau Syndrome)   | YES | NO |
| 3. Have you or your spouse ever been diagnosed with Robertsonian Translocation associated with risk for Trisomy 13 or 21? | YES | NO |

If you answered **YES** to one or more the questions above, you are at an increased risk for chromosomal abnormalities. If you would like to have a screening test during your pregnancy, The Society for Maternal-Fetal Medicine, The American Congress of Obstetricians and Gynecologists, and the Physicians at Alliance recommend a non-invasive prenatal test or the Full Integrated screen.

If you answered **NO** to the questions above, your risk for chromosomal abnormalities is low. If you would like to have a screening test during your pregnancy, The Society for Maternal-Fetal Medicine, The American Congress of Obstetricians and Gynecologists, and the Physicians at Alliance recommend the Full Integrated screen.

**What level of testing is right for you?** \* Please see our Prenatal Testing Information packet (available at [alliance-obgyn.com](http://alliance-obgyn.com)) if you would like more detailed information regarding the different types of prenatal tests.

Please select the choice(s) that fit you best. We can discuss this worksheet further at your office visit.

- 20 week ultrasound and invasive testing.
- 20 week ultrasound and a non-invasive prenatal test.
- 20 week ultrasound, a non-invasive prenatal test, and an AFP test.
- 20 week ultrasound and the full integrated screen.
- 20 week ultrasound only.

**Please check coverage for your test(s) for choice BEFORE your first appointment with the nurse. You can obtain the insurance codes by visiting [Alliance-obgyn.com](http://Alliance-obgyn.com) and clicking "forms".**

I understand that the tests listed above may not be covered by my insurance and that I am responsible for any amount that my insurance does not cover. I have been given codes for the testing options of my choosing and understand that I am responsible for determining coverage with my carrier. I understand that the screening tests are not 100% accurate and that there is a small chance of a "false positive" (abnormal test, normal baby) or "false negative" (normal test, abnormal baby) result. I have had an opportunity to ask questions regarding the above testing options.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_  
 RN Witness \_\_\_\_\_ Date \_\_\_\_\_  
 Physician Signature \_\_\_\_\_ Date \_\_\_\_\_



# **BRING COMPLETED FORM TO APPOINTMENT**

## **PRENATAL TUBERCULOSIS SCREENING QUESTIONNAIRE**

- Y N Are you HIV positive?
- Y N Do you have close personal contact with someone who has a confirmed case of ACTIVE TB?
- Y N Are you currently homeless or using illegal IV drugs?
- Y N Are you a healthcare worker working with patients at high risk for TB?
- Y N Are you a resident or employee of a long term care facility, correctional facility, or homeless shelter?
- Y N Were you born in Latin America, Asia or Africa and have lived in the United States for 5 years or less?
- Y N Are you currently immunocompromised? (current cancer, severe kidney disease, diabetes, organ transplant recipient or on a TNF alpha inhibitor)



## BRING COMPLETED FORM TO APPOINTMENT

### Treatment and Testing During Pregnancy

During your pregnancy, you will be scheduled for routine visits with providers at Alliance OB/GYN. These appointments allow your provider to monitor the health of you and your baby. They also allow your provider to screen for potential complications that may occur in pregnancy, and intervene as early as possible to ensure the best possible outcome for you and your baby.

Additional tests in the form of blood work, ultrasounds, and/or fetal monitoring may be ordered based on your personal history or the way your pregnancy is progressing. Your provider will discuss the purpose of these tests with you in detail and will answer any questions that you may have.

If you are unable to come in for your scheduled appointment for any reason, we encourage you to reschedule as soon as possible. If you do not want to keep your recommended appointments for either routine visits or testing, you will be encouraged to schedule an appointment to discuss your decision with your provider.

**All appointments and tests are to promote the healthiest outcome for you and your baby. Failure to keep any appointments, including ultrasound or monitoring, may seriously jeopardize your health and your baby's health. This may lead to increased illness or even death of you or your baby.**

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RN signature

\_\_\_\_\_  
Date



# BRING COMPLETED FORM TO APPOINTMENT

PATIENT INFORMATION										
Family Physician:						Phone:				
Referring Physician:						Phone:				
Patient's last name:		First:		Middle:		Preferred to be called:		Marital Status:		
								Single	Married	Divorced
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former name):		Birth date: / /		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
Street address:				Cell Phone: ( )		Home phone: ( )				
P.O. box / Apt #:		City:		State:	Zip Code:		Social Security Number: - -			
Employer:						Employer phone no.:				
Ethnicity:			Race:			Language:				
Preferred Notification Method:		<input type="checkbox"/> Phone	<input type="checkbox"/> Postal Mail		<input type="checkbox"/> Portal	Email Address:				
INSURANCE INFORMATION										
COPIES OF CURRENT INSURANCE CARD(S) WILL BE REQUESTED										
<b>PRIMARY INSURANCE:</b>			Subscriber Date of Birth:			Patient's relationship to subscriber:				
Subscriber's Name:			Subscriber SS#:			Subscriber's employer:				
<b>SECONDARY INSURANCE:</b>			Subscriber Date of Birth:			Patient's relationship to subscriber:				
Subscriber's Name:			Subscriber SS#:			Subscriber's employer:				
EMERGENCY CONTACT										
Name of local friend or relative:					Relationship to patient:					
Cell Phone: ( )		Home phone no.: ( )			Work phone no.: ( )					
I hereby authorize the release of any medical information necessary to process my insurance claim. I authorize payment to be made directly to Alliance Obstetric and Gynecology, TIN #38-3381725. I have been provided with a copy of the Alliance Financial Policy and understand that I am financially responsible for any balance not covered by my insurance carrier.										
<b>Patient / Guardian Signature</b>						<b>Date</b>				



To All Patients,

The purpose of this document is to help patients understand medical insurance, eligibility, coverage, and medical services as well as to inform them about their financial responsibility

It must be understood:

- We render our services based on medical guidelines , not Insurance benefits
- Not all insurance companies/third party payers pay for all services, each policy has its own particular benefits regarding covered services, or amount of coverage
- All insurance companies state that verification of coverage is not a guarantee of coverage or payment. Actual benefits are determined by your insurance company after a claim is received
- Patients are responsible for **knowing** and **understanding** their own Insurance Policy, Eligibility and Coverage

Financial Responsibility:

- Patients are responsible for payment of **outstanding** balances (Deductibles, Co-insurance and non-covered services, etc.) at the time of service. Co-pays will be collected at the time of service.
- Patients are responsible for full payment on Deductibles, Co-insurances, Co-payments, services deemed as “not a benefit” and “non-covered” services
- Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. For minors, the parent who accompanies the minor for their first visit will be financially responsible for all charges incurred.
- Medicare patients may be asked to sign an Advances Beneficiary Notice (ABN) form as required by Medicare for certain services
- Changes in insurance coverage must be reported to our Billing Staff promptly.
- There is a \$25 fee for Medical records requests. Payment for these records will be collected prior to records being released. If applicable, a complimentary copy of your records will be sent to the physician of your choice.
- Any appointment missed or not cancelled more than 24 hours in advance will incur a \$75.00 charge
- Returned checks are subject to a \$35.00 fee
- We reserve the right to turn any account over to a collection agency for collection if it is deemed that the account has been in default or noncompliance with this policy.
- By signing this document, the Patient or Patient’s Representative authorizes Alliance Obstetrics & Gynecology and its third party billing and/or collection service providers to use any and all information provided by the Patient or Personal Representative for contact, including cell phone, if required.

**SIGNATURE WILL BE OBTAIN AT REGISTRATION**







# BRING COMPLETED FORM TO APPOINTMENT

## SURGICAL HISTORY – PLEASE CHECK ALL THAT APPLY – INCLUDE DATES

Type of Surgery	Year(s):
<input type="checkbox"/> D&C	
<input type="checkbox"/> Ovarian Surgery – Type: _____	
<input type="checkbox"/> Hysteroscopy Removal of Polyp or Fibroid (circle one)	
<input type="checkbox"/> Laparoscopy	
<input type="checkbox"/> Myomectomy	
<input type="checkbox"/> Infertility Surgery	
<input type="checkbox"/> Vulvar Surgery – Type: _____	
<input type="checkbox"/> Hysterectomy – Vaginal	
If yes, do you? <input type="checkbox"/> Still have cervix <input type="checkbox"/> Still have both ovaries <input type="checkbox"/> Still have one ovary	
<input type="checkbox"/> Hysterectomy – Abdominal	
If yes, do you? <input type="checkbox"/> Still have cervix <input type="checkbox"/> Still have both ovaries <input type="checkbox"/> Still have one ovary	
<input type="checkbox"/> Cesarean Section	
<input type="checkbox"/> Tubal Ligation (tubes tied)	
<input type="checkbox"/> Vaginal or Bladder Repair for Prolapse or Incontinence	
<input type="checkbox"/> Endometrial Ablation	
<input type="checkbox"/> Other Surgeries – Please list with year	

ALLERGIES TO MEDICATIONS		IMMUNIZATIONS – Indicate the date of your:	
<input type="checkbox"/> NO, I do not have allergies to medications		Last Tetanus Shot	
<input type="checkbox"/> YES, I have allergies to medications as listed below		Last MMR Shot (measles)	
Medication	Reaction	Last Flu Shot	
		Last Pneumonia Shot	
		Last Shingles Shot	
		Last Varicella (chicken pox) Shot	
		Last Gardasil (cervical cancer) Shot	
Iodine Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Latex Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No		

FAMILY HISTORY Please only indicate First Degree Relative(s) <i>First Degree Relative</i> is defined as a family member who shares about 50 percent of their genes with a particular individual in a family. First degree relatives include parents, offspring, and siblings.	Mother	Father	Brother	Sister	Maternal - Aunt	Maternal - Uncle	Paternal - Aunt	Paternal - Uncle	Cousin	Maternal - Grandmother	Maternal - Grandfather	Paternal - Grandmother	Paternal - Grandfather	Other
	Diabetes - Insulin Dependant													
Diabetes - Non-Insulin Dependant														
Heart Disease														
Breast Cancer														
Ovarian Cancer														
Uterine Cancer														
Colon Cancer														
Blood clots (leg/lungs)														
Thrombophilia														
Stroke														
Hypertension														
Other: _____														





# BRING COMPLETED FORM TO APPOINTMENT

## HISTORY OF PREGNANCY

Never been pregnant, skip to Health Maintenance.

Total # of Pregnancies:	Total # of Deliveries:	Total # of Pre Term Deliveries:	Total # of C-Sections:
Total # of Miscarriages:	Total # of Abortions:	Total # of Live Births:	Total # of Ectopic Pregnancy:
Have you had any of the following during pregnancy:			
<input type="checkbox"/> Gestational Diabetes	<input type="checkbox"/> Fetal Demise		
<input type="checkbox"/> Preeclampsia	<input type="checkbox"/> Placental Abruption		
<input type="checkbox"/> Multiple Gestation Twins	<input type="checkbox"/> Hemorrhage		
<input type="checkbox"/> Multiple Gestation Triplets	<input type="checkbox"/> Pre-Term Labor		

## HEALTH MAINTENANCE

	Date	Result
Last Mammogram		
Last Colonoscopy		
Last Bone Density		
Last Pap		
Last HPV		
Have you ever had an abnormal pap?	Yes	No
Have you ever had treatment for an abnormal pap smear?	Yes	No
<input type="checkbox"/> Cryotherapy	Year:	If yes, what type of treatment have you had?
<input type="checkbox"/> Laser	Year:	
<input type="checkbox"/> Cone Biopsy	Year:	
<input type="checkbox"/> Loop excision (LEEP)	Year:	
Have you had BRCA screening (blood test for breast cancer gene)?	Yes	No

Do you need assistance with your visit? (i.e. wheelchair, interpreter service, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Alliance Obstetrics & Gynecology, PLLC  
 1560 Turf Lane, East Lansing, MI 48823  
 P: 517.484.3000 F: 517-484-6358  
**Confidential Communication of Protected Health Information**

Patient Name (please print) \_\_\_\_\_

SSN (last four digits): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Account # \_\_\_\_\_

**OPTION 1** - I authorize Alliance Obstetrics & Gynecology, PLLC to disclose or provide protected health information, about me, to individual(s) listed below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the practice to disclose the following protected health information to the individual listed above.

Entire record       Billing information       Office Notes       Labs or ultrasound

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the practice to disclose the following protected health information to the individual listed above.

Entire record       Billing information       Office Notes       Labs or ultrasound

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the practice to disclose the following protected health information to the individual listed above.

Entire record       Billing information       Office Notes       Labs or ultrasound

- This authorization will expire 3 years from date of signature in which the authorization was initiated, unless you specify an earlier termination. You must submit a new authorization after the expiration date to continue the authorization. Please list the date of expiration if earlier than the 3 year expiration date: \_\_\_\_\_
- You have the right to terminate this authorization at any time by submitting a written request to our Privacy Manager. Termination of this authorization will be effective upon written notice, except where a disclosure has already been made based on prior authorization.
- The practice places no condition to sign this authorization on the delivery of healthcare or treatment.
- We have no control over the person(s) you have listed to receive your protected health information. Therefore, your protected health information disclosed under this authorization may no longer be protected by the requirements of the Privacy Rule, and will no longer be the responsibility of the practice.

**OPTION 2** - I decline to authorize Alliance Obstetrics & Gynecology, PLLC to disclose or provide protected health information about me to any individual(s).

\_\_\_\_\_  
 Patient signature Date

Copies of signed authorizations are available upon request

**BRING COMPLETED FORM TO APPOINTMENT**