LMA Medical Associates
Transforming Women's Healthcare
www.LMA-LLC.com

Comprehensive Women's Care of Paramus

Craig B. Wiener, MD FACOG
Chairman OB/GYN and Peds
HackensackUMC at Pascack Valley

Nicolette Gressett, CNM
Edita Luansing, APN

PATIENT REGISTRATION FORM

NAME: _____ DOB: _____

SS#: _____

ADDRESS: _____

_____

HOME#: _____ CELL#: _____

E-MAIL ADDRESS: _____

INSURANCE NAME: _____

EMPLOYER NAME: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ PHONE#: _____

2 Sears Drive, Unit 104
Paramus, NJ 07652
Office: 201-262-0075 Fax: 201-262-9440

Womenscareparamus.com

260 Old Hook Road East Tower Suite 303B
Westwood, NJ 07675

LIFELINE MEDICAL ASSOCIATES, LLC

WOMEN'S HEALTHCARE IS OUR LIFE'S WORK

Consent for Screening Test During Pregnancy

- **Sequential Screening** is a way to estimate the chance that a baby will be born with Down syndrome, trisomy 18, or an open neural tube defect such as spina bifida. It combines measurements from two blood tests and a first trimester ultrasound, along with other details about you, to give you a more specific risk.

  ACCEPT : _____ DECLINE:_____INT: _____

- **ClariTest from GenPath (Bio-Reference)**:The Right Choice for Non-Invasive Prenatal Testing
  ClariTest™ from GenPath harnesses the power of massively parallel sequencing to screen for fetal chromosomal abnormalities.ClariTest is a safe, non-invasive prenatal test (NIPT), performed as early as 10 weeks of gestation from a simple blood draw, exhibiting outstanding sensitivity and specificity for the most common trisomies and specific microdeletion syndromes.

  ACCEPT : _____ DECLINE:_____INT: _____

- **In-Herigen Carrier screening** for inherited genetic conditions is an important part of preconception and prenatal care. Historically, genetic carrier screening only covered single genes for specific ethnicities. According to the Census Bureau, by the year 2043 the majority of the U.S. population will be so ethnically diverse that no single group will make up a majority. InheriGen performs carrier testing for multiple conditions at once, at significantly lower cost than running each of these tests separately. The InheriGen Panel is comprised of over 180 inherited diseases and more than 720 mutations tested from a single blood or oral rinse sample. These autosomal recessive and X-linked disorders are associated with childhood onset conditions, many of which are either lethal or have severe symptoms.

  ACCEPT : _____ DECLINE:_____INT: _____

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In-Herigen includes 3 major screens which is important to know during your pregnancy.

Cystic fibrosis is an inherited disease in which mucus glands produce abnormal secretions. Normally mucus is slippery and lubricates and protects the lining of various organs and tissues. People with cystic fibrosis have mucus which is thick and sticky, which can obstruct and interfere with normal bodily function. This results in tissue and organ damage, most typically in the lungs and digestive tract. Unfortunately, cystic fibrosis is a lifelong disease which usually results in a shortened life expectancy.

ACCEPT : _____ DECLINE:_____INT: _____

Spinal muscular atrophy is a neurodegenerative disease that causes the misfiring of neurons in the spine from the lack of an essential protein. This leads to atrophy (wasting away) of the skeletal muscles as well as overall weakness,

ACCEPT : _____ DECLINE:_____INT: _____

Tay-Sachs disease measures the amount of an enzyme called hexosaminidase A (hex A) in the blood. ... **Tay-Sachs** is an inherited **disease** in which the body can't break down fatty substances as it should, so the fatty substances collect in the nerve cells of the brain and damage them.

ACCEPT : _____ DECLINE:_____INT: _____

Patient Signature:_____ Date:_____

Provider/Witness: _____

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ANTEPARTUM RECORD

DATE _____

NAME _____
LAST FIRST MIDDLE

ID# _____ HOSPITAL OF DELIVERY _____

NEWBORN'S PHYSICIAN _____ REFERRED BY _____

FINAL EDD _____ PRIMARY PROVIDER/GROUP Dr Craig Wiener

BIRTHDATE	AGE	RACE	MARITALSTATUS S M W D SEP	ADDRESS

OCCUPATION
☐ HOMEMAKER
☐ OUTSIDE WORK
☐ STUDENT Type of Work

EDUCATION (LAST GRADE COMPLETED)

ZIP PHONE (H) (O)

INSURANCE CARRIER/MEDICAID#

HUSBAND/FATHER OF BABY PHONE

EMERGENCY CONTACT PHONE

TOTAL PREG	FULLTERM	PREMATURE	AB.INDUCED	AB.SPONTANEOUS	MULTIPLE BIRTHS	ECTOPICS	LIVING

MENSTRUAL HISTORY

LM ☐ DEFINITE ☐ APPROXIMATE (MONTH KNOWN) MENES MONTHLY ☐ YES ☐ NO FREQUENCY:Q_____ DAYS MENARCH _____(AGE ONSET)
☐ UNKNOWN ☐ NORMAL AMOUNT / DURATION PRIOR MENES_____ DATE ONBCPATCONCEPT. ☐ YES ☐ NO hCG+ ____ /____ /____
☐ FINAL _____

PAST PREGNANCIES (LAST SIX)

DATE MONTH/ YEAR	GA WEEKS	LENTGH OF LABOR	BIRTH WEIGHT	SEX M/F	TYPE DELIVERY	ANES	PLACEOF DELIVERY	PRETERM LABOR YES/NO	COMMENTS/COMPLICATIONS

PAST MEDICAL HISTORY

	ONeg +Pos	DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT				ONeg +Pos	DETAIL, POSITIVE REMARKS INCLUDE DATE & TREATMENT
1.DIABETES					16.D(Rh) SENSITIZED		
2.HYPERTENSION					17.PULMONARY (TB,ASTHMA)		
3.HEART DISEASE					18.ALLERGIES (DRUGS)		
4.AUTO IMMUNE DISORDER					19.BREAST		
5.KIDNEY DISEASE/UTI					20.GYN SURGERY		
6.NEUROLOGIC/EPILEPSY							
7.PSYCHIATRIC							
8.HEPATITIS/LIVER DISEASE					21.OPERATION/HOSPITALIZATIONS (YEAR & REASON)		
9.VARICOSITIES/PHLEBITIS							
10.THYROID DYSFUNCTION							
11.TRAUMA/DOMESTIC VIOLENCE					22.ANESTHETIC COMPLICATIONS		
12.HISTORY OF BLOOD TRANSFS					23.HISTORY OF ABNORMAL PAP		
	AMT/DAY PRE-PREG	AMT/DAY PRE-PREG	#YEARS USE		24.UTERINE ANOMALY / DES		
13.TOBACCO					25.INFERTILITY		
14.ALCOHOL					26.RELEVANT FAMILY HISTORY		
15.STREET DRUGS					27.OTHER		

COMMENTS: _____

SYMPTOMS SINCE LMP

	YES	NO		YES	NO
1.PATIENT'S AGE(35 OR OLDER)			12.MENTAL RETARDATION / AUTISM		
2.THALASSEMIA (ITALIAN, GREEK, MEDITERRANEAN,OR ASIAN BACKGROUND) MCV<80			IF YES,WAS PERSON TREATED FOR FRAGILEX?		
3.NEURAL TUBE DEFECT (MENINGOMYELOCELE,SPINABIFIDA,ORANENCEPHALY)			13.OTHER INHERITED GENETIC OR CHROMOSOMAL DISORDER		
4.CONGENITAL HEART DEFECT			14.MATERNAL METABOLIC DISORDER (EG.INSULINDEPENDENT DIABETES,PKU)		
5.DOWN SYNDROME			15.PATIENT OR BABY'S FATHER HAD A CHILD WITH BIRTH DEFECTS NOT LISTED ABOVE		
6.TAY-SACHS(EG.JEWISH,CAJUN,FRENCH-CANADIAN			16.RECURRENT PREGNANCY LOSS,OR A STILL BIRTH		
7.SICKLE CELL DISEASE OR TRAIT(AFRICAN)			17.MEDICATIONS/STREET DRUGS/ALCOHOL SINCE LAST MENSTRUAL PERIOD		
8.HEMOPHILIA			IFYES,AGENT(S)		
9.MUSCULAR DYSTROPHY					
10.CYSTIC FIBROSIS			18.ANY OTHER		
11.HUNTINGTON CHOREA					

COMMENTS/COUNSELING _____

INFECTION HISTORY	YES	NO		YES	NO
1.HIGH RISK HEPATITIS B / IMMUNIZED?			4.RASH OR VIRAL ILLNESS SINCE LAST MENSTRUAL PERIOD		
2.LIVE WITH SOMEONE WITH TB OR EXPOSED TO TB			5.HISTORY OF STD.GC.CHLAMYDIA.HPV.SYPHILIS		
3.PATIENT OR PARTNER HAS HISTORY OFGENITAL HERPES			6.OTHER(SEE COMMENTS)		

COMMENTS _____

INTERVIEWER'S SIGNATURE _____

INITIAL PHYSICAL EXAMINATION

DATE ____ / ____ / ____ PRE-PREGNANCY WEIGHT _____ HEIGH _____ BP _____

1.HEENT	NORMAL	ABNORMAL		12.VULVA	NORMAL	ABNORMAL	
2.FUNDI	NORMAL	ABNORMAL		13.VAGINA	NORMAL	ABNORMAL	
3.TEETH	NORMAL	ABNORMAL		14.CERVIX	NORMAL	ABNORMAL	
4.THYROID	NORMAL	ABNORMAL		15.UTERUS SIZE	NORMAL	ABNORMAL	
5.BREASTS	NORMAL	ABNORMAL		16.ADNEXA	NORMAL	ABNORMAL	
6.LUNGS	NORMAL	ABNORMAL		17.RECTUM	NORMAL	ABNORMAL	
7.HEART	NORMAL	ABNORMAL		18.DIAGONAL CONJUGATE	NORMAL	ABNORMAL	
8.ABDOMEN	NORMAL	ABNORMAL		19.SPINES	NORMAL	ABNORMAL	
9.EXTREMITIES	NORMAL	ABNORMAL		20.SACRUM	NORMAL	ABNORMAL	
10.SKIN	NORMAL	ABNORMAL		21.SUBPUBICARCH	NORMAL	ABNORMAL	
11.LYMPHNODE	NORMAL	ABNORMAL		22.GYNECOD PELVIC TYPE	NORMAL	ABNORMAL	

COMMENTS (Number and explain abnormals) _____

EXAMED BY _____