

**OBSTETRICAL RECORD:
ALL ABOUT WOMEN, OBGYN, CHTD.**

Date _____ Patient signature _____ LMP (First day of last period) _____

Genetics & Risks Questionnaire

Do you smoke Tobacco? _____ Brand _____ Current packs per day _____
Age when you first started smoking? _____ Are you interested in quitting smoking? _____

	YES	NO	COMMENTS
Are you age 35 years or more?			
Have you had 3 or more miscarriages, or still births?			
Do you have a metabolic disorder? Type 1 Diabetes, PKU, other?			
Is this pregnancy your First together with your baby's father?			

Do you have or have knowledge of any of the following diseases in your family or your baby's father or his family? If yes describe how it relates to you or your baby's father.

	YES	NO	COMMENTS
Cystic Fibrosis, Tay Sachs Disease			
Muscular dystrophy, Canavan disease			
Spina Bifida, Congenital heart defect			
Hemophilia, or other bleeding disorders			
Sickle cell, thalassemia, other anemia			
Downs syndrome, Chromosome disorder			
Mental retardation or handicap			
Any other birth defects or genetic problems			

1. Amniocentesis: Is a procedure using a spinal needle and syringe performed at approximately 15 weeks gestation to withdraw a small sample of the amniotic fluid that surrounds your baby from your abdomen. After obtaining this fluid, it can be tested for a *limited* number of inherited or chromosomal problems that may apply to your individual situation. Amniocentesis does risk miscarriage or spontaneous abortion (approximately a 1 to 0.3 percent chance).

Please mark "X" after YES if you want amniocentesis testing.

NO ___ YES ___ These are my concerns _____

2. Please list any medicines and/or, alcohol, marijuana, cocaine other recreational drugs used during this pregnancy. _____

3. Please list any other concerns that you may have for yourself during the pregnancy? _____

NOTICE TO OBSTETRIC PATIENT

(See Section 766.16, Florida Statutes)

I have been furnished information by Stephen M. Smith M.D., Stephen G. Smith M.D., and Tricia M. Percy D.O., prepared by the Florida Birth Related Neurological Injury Compensation Association, and have been advised that Stephen M. Smith M.D., Stephen G. Smith M.D., and Tricia M. Percy D.O., are participating physicians in that program, where in certain limited compensation is available in the event certain neurological injury may occur during labor, delivery or resuscitation. For specifics on the program, I understand I can contact the Florida Birth Related Neurological Injury Compensation Association (NICA), 1435 Piedmont Drive East, Suite 101, Tallahassee Florida 32312, 1-800-398-2129. I further acknowledge that I have received a copy of the brochure prepared by NICA.

Dated this _____ day of _____, 20____

Signature _____

Name of Patient _____

Social Security # _____

Attest: _____
(Nurse or Physician)

Date: _____

Stephen G .Smith,M.D.
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Tricia M. Percy ,D.O.
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CIRCUMCISION POLICY

Effective July 2003

Medicaid Does NOT Pay For Circumcisions

Our charge for a circumcision is \$200.00

If you are having a boy and decide that you want to have him circumcised, please be aware that your insurance may not cover it. Medicaid does not cover circumcisions. If you have any other type of insurance it is your responsibility to find out if circumcisions are covered, and if it is covered, you must add your baby to your policy at least 30 days prior to delivery.

After the full payment is received, your chart will be marked "PAID" and you will be given a receipt. This receipt that you are given after you have paid the amount in full must be presented to the doctor in order for the procedure to be done.

Since most babies are not born on their due date, please do NOT wait to make arrangements for payment if you think you might want your baby circumcised.

If you have any further questions about circumcision payments, please speak with someone in the front office. The doctors and nurses do not have information on circumcision payments.

* A circumcision is strictly an elective procedure, done to remove the foreskin in males. However, like an operation, there are risks of complication that include bleeding, infection, improper healing and other unforeseen risks. The results of a circumcision cannot be guaranteed.*

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CIRCUMCISION POLICY

Effective July 2003

Medicaid Does NOT Pay For Circumcisions

The charge for a circumcision is \$200.00. This amount must be paid in FULL in order for the circumcision to be performed.

After the full payment is received, your chart will be marked "PAID" and you will be given a receipt. This receipt that you are given after you have paid the amount in full must be presented to the doctor in order for the procedure to be done.

Since most babies are not born on their due date, do NOT wait to make arrangements for payment if you think you might want your baby circumcised.

Please Note: The Doctors and Nurses cannot provide ANY information about circumcision payments. If you have any additional questions, please speak with someone in the front office.

Please sign and date below that you understand it is your responsibility to make arrangements before your delivery if you want your baby to be circumcised.

Signature

Date

** A circumcision is strictly an elective procedure, done to remove the foreskin in males. However, like an operation, there are risks of complication that include bleeding, infection, improper healing and other unforeseen risks. The results of a circumcision cannot be guaranteed.**

Cystic Fibrosis Facts

Name _____

Date of Birth _____ Identification number _____

- Cystic fibrosis (CF) is a common genetic disorder in Caucasians. It is present in other ethnic groups as well but is less common.
- CF causes lung problems. Children with cystic fibrosis get inflammation and infections in their lungs.
- CF causes digestive problems in about 85% of people. Lack of enzymes from the pancreas (pancreatic insufficiency), which aid digestion, can cause poor absorption of food.
- CF symptoms are highly variable, even in the same family. Some children may have very mild disease, some may have significant disease. Knowledge of specific mutations (gene changes) does not assist in predicting severity of disease.
- The median age of survival with current medical therapies is about 30 years although the median age of survival is longer in people without pancreatic insufficiency.
- CF occurs in a child only when both parents are carriers. This is called recessive inheritance. When both parents are carriers, the chance with each pregnancy to have a child with CF is 25% (1 in 4 chance).
- CF carrier screening has been recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American College of Medical Genetics (ACMG) for:
 - Couples in whom at least one person is Caucasian and is pregnant or planning a pregnancy
 - Individuals with a family history of CF
 - Reproductive partners of an individual affected with CF
 - Screening should be made available to couples of non-Caucasian, lower risk, ethnic or racial groups
- Current CF carrier screening tests for the most common CF mutations (gene changes). Rare mutations are not analyzed.
- A negative screening result reduces the chance that someone is a carrier, but a small risk of being an undetected carrier and a small possibility of having an affected child remain.
- A positive family history of CF will affect the estimation of carrier risk when a negative result is found and must be taken into account in the testing process. In some instances this is not straightforward, and genetic counseling is recommended.
- The estimate of risk is couple-specific and does not apply to other pregnancies conceived with other partners.
- Some CF mutations and variants are associated with male infertility. Some couples may discover they are at increased risk of having an infertile son who is otherwise healthy.
- If a couple is found to be at risk of having a child with CF, genetic counseling and prenatal diagnosis are available. CVS (chorionic villus sampling) can be performed at 10 to 12 weeks, and amniocentesis can be performed at 15 to 20 weeks of gestation.
- Choosing prenatal diagnosis or other options is a private decision between a family and its health care provider.

This fact sheet is intended to highlight some key points in screening for cystic fibrosis. It is not intended to provide an in depth look at cystic fibrosis, informed consent, carrier screening, or prenatal testing options. This is not a test order; a test request form or prescription is necessary to obtain the test. Please discuss additional questions with your health care provider.

☐ Yes, I would like to have CF carrier screening.

☐ No, I do not want CF carrier screening.

Printed Name _____

Signature _____ Date _____

Reviewed by _____

(Health care provider)

