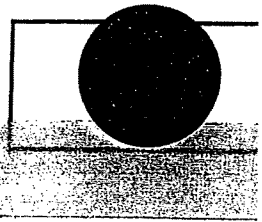


NAME Lakisha Wilson CHART # 181005 DAY 1 APPT 3/7 2:30 DAY 2 APPT 3:20 11 @ 12:30 RS

Pamela _____
 Name Lakisha Wilson Chart # 181005
 Age 22 Birthdate 06/06/91
 Pregnancy Test + LMP 10-10 HB ✓ w/rph
 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 _____

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 MZZ 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 43056 + 8000 + 125 rft + 50c + 25 one
 IC Staff: alm IMP

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: