

NEW PATIENT OB TRANSFER CHECKLIST

Patient name: _____ Date of birth: _____

Currently _____ Weeks on _____. Last seen @ OB on _____ @ ____ weeks

Sonograms

- Initial dating sonogram (usually done at first appointment)
- Nuchal Translucency (if done, would be around 12-14 weeks)
- Comprehensive anatomy sonogram (20 weeks)

Initial OB Labs

- Blood Type
- Antibody Screen
- CBC
- Gonorrhea/ Chlamydia
- Hepatitis B
- Hepatitis C
- HIV
- RPR
- Rubella
- Urine tox Screen
- Urine Culture

Pap

- Current pap
- High risk HPV

28 Week Labs

- CBC
- Glucose
- RPR
- Antibody Screen

36 Weeks

- Group B Strep

Other Notes/Recs

- All current OB provider notes
- Shady Grove/fertility records (if applicable)
- Maternal Fetal Medicine (MFM) sonograms/notes (if applicable- high risk pregnancies will see MFM)
- Operative Note for Prior C-Section/s
- Is patient high risk? (High blood pressure, diabetes, previous pre-term labor, previous pre-eclampsia, multiple gestation, etc)