CAREOS MATERNAL HEALTH

MATERNAL BASELINE INTAKE FORM — FIRST TRIMESTER (WEEKS 1–12)

PUBLIC / PATIENT-GENERATED RECORD

PATIENT & PROVIDER INFORMATION

Patient Name:	Jane Doe	**Date of Birth:**	05/12/1992
Medical Record No. (MRN):	#987-654-321	**Phone:**	(555) 019-2834
OB-GYN Clinic:	NYU Langone Maternal Health	**Attending MD:**	Dr. Sarah Jenkins, MD
Insurance Provider:	Aetna Choice POS II	**Policy ID:**	AET-88301294

1. PREGNANCY DATING & EDD CALCULATOR

First Day of LMP:	05/10/2026	**Conception / IVF Date:**	N/A
Estimated Due Date (EDD):	**02/14/2027** (Naegele's Rule)	**Gestational Age at Intake:**	8 Weeks 2 Days

2. BLOOD TYPE & SEROLOGY BASELINE

Blood Type & Rh Factor: **O Negative (Rh Negative)**

CareOS System Alert: HIGH PRIORITY FLAG

Patient is Rh-Negative. Requires RhoGAM (RhoD Immune Globulin) screening and administration protocol at 28 Weeks & post-delivery.

3. PRE-EXISTING MEDICAL HISTORY & ALLERGIES

Chronic Conditions:	Mild Asthma, Hypothyroidism (Controlled)
Known Drug Allergies:	Penicillin (Hives)
Surgical History:	Appendectomy (2018)

4. CURRENT MEDICATIONS & SUPPLEMENTS

Medication / Supplement	Dosage	Frequency	Prescribed By
Synthroid (Levothyroxine)	50 mcg	Daily (AM)	Endocrinologist
Prenatal Multivitamin	1 Tablet	Daily (PM)	Over-The-Counter
Folic Acid	800 mcg	Daily	Over-The-Counter

5. OBSTETRIC HISTORY (G/P/A/L Status)

Gravida (Total Pregnancies):	1	**Term Births:**	0

Preterm Births:	0	**Abortions / Miscarriages:**	0
Living Children:	0		

Verified by Patient Signature:	*Jane Doe*	**Date:**	07/08/2026