FLORIDA DEPARTMENT OF HEALTH

cms network
Children's Medical Services

Children's Medical Services-RPICC
Obstetrical Satellite

Date completed___/___/___

_____ _____ _____ EL__ IE__ UF__ HM__

Social Security Number | Patient's Name | Medicaid Number

Services

Tests/Services performed
At this Clinic Visit:
_Targeted Ultrasound
_NST
_OCT
_Aminocentesis
_Fetal Echocardiogram
_Genetic Counseling
_Preconception Counseling
_Biophysical profile (BPD)

___/___/___
Date of Visit

_____*
Medicaid Authorization#

Date:___/____/___*
HIV counseling offered

_____
Clinic Physician

_____
Pt's Phone # ( )

Date:___/___/____*
Healthy Start referral offered

_____
Clinic Code

Date Signed:-__/__/__*
Partnership Agreement

Date:___/___/____*
WIC referral offered

*** not entered in data system**

Demographic Information

Mother's Marital Status:
__Married (1)
__Divorced (2)
__Separated (3)
__Never Married (4)
__Widowed (5)
__Living Together (6)

Mother's Education years:
_____0-6
_____7-8
_____9-12
_____13-15
_____16
_____17-BD
_____18-GD
_____19-unknown
_____20-none

_____
County No.

$_____
Family Gross Yearly Income

Family Adults:_____
Children: _____
Family Size:_____

_____/____/____
Date of Birth

Maternal Referral
___CHD
___Private phy/clinic
___RPICC center
___Other

Race:
__Black (1)
__White (2)
__Asian/Pacific Is. (5)
__Am. Ind./Alaskan Nat. (6)
__Other (9)

Ethnic Origin
__American (00)
__Haitian (20)
__Hispanic (82)
__Other (81)
__Unknown (99)

Gravida:___ T___ P___A___L___

____/__/___
EDC

_____
Zip Code

Reasons for Referral

__Abortion, recurrent spontaneous (A2)
__Abnormal Triple Screen (A6)
__Abruptio Placenta, Chronic (A4)
__Abnormal Presentation (A1)
__ Advanced Maternal Age (A7)
__Anemia (A8)
__Antiphospholipid Syndrome (A9)
__Cardiovascular Disease (C1)
__Collagen Vascular Disease (C2)
__Diabetes (pre-gestational) (DA)
__Epilepsy/Seizure Disorders (E3)
__Gastrointestinal Disease (G1)
__Genetic Problem suspected (G3)
__Gestational Diabetes (G2)

__Hematologic Problems (H5)
__Hemogolobinopathies (H1)
__HIV Disease/AIDS (H6)
__Hyperemesis/Ketonuria (H3)
__Hypertension (140+/90+)(H4)
__Headaches (H7)
__ Incompetent Cervix (I1)
__ Infectious Disease(I5)
__ Intrauterine Fetal Demise(I2)
__Intrauterine Growth Retard (I3)
__Leoimyoma (L2)
__Liver Disease (L1)
__Malignancy-diag/susp.(M3)
__Multiple Gestation (M4)

__Neurological Disease, chronic (N1)
__Oligiohydramnios (O1)
__Ovarian Mass (O2)
__Past History of Anomaly (Q1)
__Placenta Previa (Q2)
__Placental condition, other (P11)
__Polyhydramnios (P1)
__Possible Cong.Fetal Anomaly(Q3)
__Post Term (42+weeks) (P2)
__Preeclampsia (M2)
__Pregnancy Induced Hypertension(P3)
__Premature Rupture of Memb. (P4)
__Preterm Labor Symptoms (P12)
__Previous Low Birth Weigh/Premie (P6)
__Previous Perinatal Death (P7)

__Prior Cesarean Section (P5)
__Psychological Disorders (P8)
__Psychiatric Problem (P10)
__Pulmonary dysfunc.asthma (P9)
__Renal Disease (D3)
__Rh Sensitized/Ir. Antibodies(R1)
__Sexually Transmitted Dis. (S2)
__Substance Abuse(S5)
__Thyroid Disease (T1)
__Thromboembolic Disease (T2)
__Urinary Tract Infection (U1)
__Uterine Malformation (U2)
__Vaginal Bleeding (V1)
__Viral Infection, not STD (V2)
__Other (Z1)

Patient Outcome

___/___/____
Date First seen In OB Sat Clinic

___/___/____
Date Discharged from Clinic

Discharge Status
__Delivered (1)
__Not Medically Eligible (2)
__Not Financially Eligible (3)
__Lost to Follow up (4)
__Patient Moved (5)
__Reason for Referral Resolved (6)
__Transferred to RPICC (7)
__Routine RPICC Delivery (8)
__ Preconception Counseling (9)
__Not Pregnant (10)

_____
No. Total Prenatal Visits Before Delivery(include Sat Clinic Visit)

_____
No. OB Satellite Clinic Visits

Infant Outcome

_____
Child's Name

__/__/____
Date of Birth

_____
Birth Weight (gms)

Sex
__Male
__Female
__Ambiguous

_____
Weeks Gestation

_____
Number of Birth

_____
Birth Order

_____
Code/ Name Hospital Of Birth

Disposition
__RPICC Level III (1)
__Non-RPICC Level III (2)
__Level II (3)
__Newborn (4)
__Expired Before Delivery (5)
__Expired After Delivery (6)
__Expired/Time Unknown (7)
__Spontaneous Abortion (8)

Delivery Type
__Vaginal (1)
__Vaginal with Sterilization (2)
__Cesarean Section (C/S) (3)
__C/S with Sterilization (4)