

**St. Christopher's Hospital for Children  
 Ambulatory Pediatrics  
 Erie Avenue at Front Street  
 Philadelphia, PA 19134  
 215-424-5985**

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Height \_\_\_\_\_ in. Weight \_\_\_\_\_ lb. BP \_\_\_\_\_ LMP \_\_\_\_\_ G \_\_\_\_\_ P \_\_\_\_\_ Ab \_\_\_\_\_ Lc \_\_\_\_\_

**HISTORY**

Health Problems \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

**This patient has a positive pregnancy test today. She is approximately**  
 \_\_\_\_\_ weeks by dates  
 \_\_\_\_\_ weeks by size

**We are referring to you for care.**

**LAB**

	Result	Date		Result	Date
Pregnancy test (urine)	_____	_____	PAP	_____	_____
HgB	_____	_____	UA	_____	_____
Sickle	_____	_____	Wet Mount	_____	_____
GC	_____	_____	Rubella titre	_____	_____
Chlamydia	_____	_____	RPR	_____	_____
_____	_____	_____	_____	_____	_____

**COMMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ MD/CRNP