



Adoption For My Child

Providing adoption profiles on demand for available situations throughout the US

www.adoptionformychild.com

team@adoptionformychild.com

[\(801\) 559 7444](tel:(801)5597444)

"Lorielle" - (Urgent!)

www.adoptionformychild.com/available-situations/Lorielle/

Date Posted:

03/12/2020

Application Deadline:

03/14/2020

Open To:

All States **EXCEPT** New York, Pennsylvania

Mother's Location:

Pennsylvania

Due Date:

April 4, 2020

Level of Openness:

Open Updates, Phone Calls, Visits, Letters, Pictures

Child's Ethnicity:

Caucasian

Child's Gender:

Boy

Requested Family Criteria:

All Family Types

Drug Exposure:

None Reported

Additional Information:

PA does not permit living expenses, therefore PA families would not be permitted to apply to this opportunity. Families in other states can finalize in their own state. When utilizing the laws of your home state, the PA living expense rule would not be in effect.

Adoption Cost & Fee Breakdown

Cost - More Details

ITEMIZED ESTIMATED COSTS. THESE ARE APPROXIMATES ONLY. ACTUAL FEES MAY VARY BASED ON STATES INVOLVED \$15,000: (firm, not an approximate) Agency non-refundable match/referral fee due upon acceptance of match. If adoption does not occur, PAPs may apply for the re-match program for a chance to re-match with another adoption opportunity for up to 12 months. The initial \$15,000 will be reapplied to the new match.

\$5510 expectant mother living expenses (paid over the course of the pregnancy and not all at once)

\$4,000 - \$6,000 Adoptive parent legal fees: (could be less depending on attorney chosen):

\$2,000 - \$3,000: Expectant mom legal costs. \$500: Court costs (estimate)

\$500: Social Worker/Support Counselor (estimate)

\$500-\$800: Post Placement visits/reports varies based on PAPs agency arrangements (estimate) Number of post placement visits vary state to state.

\$500 - \$800 Incidentals (estimate)

Varies: Fees vary for travel (based on PAPs mode of travel, lodging arrangements, etc)

TOTAL ESTIMATED COST OF THE ADOPTION: \$32,000.00

(Basic Members - Please add \$3,000 to total cost above for AFMC Networking Fee)

REFUNDED IF ADOPTION FAILS:

DUE UPFRONT IF/WHEN YOU ARE CHOSEN

- AFMC Networking Fee (Basic Members Only): \$3,000**
- AFMC Profile Submission Fee (Basic Members Only): \$25

***Funds are due within 48 hours of being selected by the expectant mother.** Under NO circumstances should you submit your profile or request to be considered **UNLESS** you have the ability to immediately access to the liquid funding necessary to pay the upfront fees listed above. Please be realistic in regards to your ability to pay the total estimated cost of the adoption by the time the expectant mother delivers her child. If you do not have the total amount required for this adoption available, AFMC recommends that you get PRE-APPROVED for an adoption loan BEFORE you submit for this or any other situation that exceeds your current budget to make sure the adoption will

not fall through due to an inability to pay.

****Upgrade your membership to Elite or Ultimate level before submitting your request to avoid paying this fee**



HOW TO BE CONSIDERED BY THE EXPECTANT MOTHER

REQUIRED

- A completed **US Domestic Private** home study
- A PDF profile no more than 12 pages (including cover page) about your family with no contact information listed inside.***
(IMPORTANT: a link to an online profile WILL NOT be accepted)
- **An active membership** with AFMC
(membership options start at \$0 per month)
- Complete AFMC's "New Member Questionnaire"
(provided after you register for a membership)
- Read and sign AFMC's Service Agreement
(provided after "New Member Questionnaire" is completed)

OPTIONAL

- Letter to Expectant Mother
(providing one is highly encouraged, but not required)
- Family Interview Video
Contact AFMC for more details

NOTE: All documents must be formally approved by AFMC before you can request to have your profile sent to the expectant mother.)

*** If you do not have a PDF profile, please contact Kylie Zavadil (kylie@adoptionformychild.com) to discuss your options for having one created. If you need help removing the contact information from your existing PDF profile, AFMC can remove it for you for a one-time fee of \$25.

Apply for this Situation

<https://www.adoptionformychild.com/available-situations/Lorielle/#request/>

Contact Us

Email: team@adoptionformychild.com
Amy Senior Cell: (801) 599 - 7444 (call or text)
Kylie Zavadil Cell: (312) 257-0545 (call or text)
If unable to reach one of us, please contact the other.

“LORIELLE”

ESTIMATED DUE DATE: 4/5/2020

Gender: Boy per EM. Not guaranteed

State: Pennsylvania

BM Ethnicity: Caucasian

BF Ethnicity: Caucasian

BF Situation: EM reported that she is in a relationship with the birth father and that he agrees with the adoption and plans to sign the necessary papers. EM reported that she is also legally married but that they are working on a divorce. She stated that her soon to be ex-husband is not the father, is aware of the pregnancy and stated that he will also sign. (Considering that the law assumes that the husband is the father, even when he is not, the husband will need to sign paperwork as well.)

Alcohol: Asked, none reported

Illegal Drugs: Asked, none reported

Cigarette Smoker: Asked, none reported during pregnancy. Prior history.

Mental Health: EM reported having generalized anxiety disorder

*See medical records for any other information regarding mental health.

Physical Health: Hypothyroid, thrombocytopenia, dysfunction of eustachian tube, microcytic anemia, high glucose during pregnancy (doctor said not high enough to be diagnosed as gestational diabetes and that diet changes is best treatment), anemia, migraines, hashimoto's thyroiditis, thyroid activity decreased, idiopathic thrombocytopenic purpura, (DiGeorge) 22q11.2 deletion syndrome (may be 50% hereditary) It is unknown if EM's unborn baby has this condition. EM reported that OBGYN informed her that there is a 50% chance that this condition may be inherited by the baby. If the condition is passed down, there could be minor or major symptoms. This adoption opportunity is best suited for an adoptive family who after reading about the condition would feel comfortable raising a child who may inherit this condition. EM stated that she has the condition and has lived a normal life. She reported the impact of the condition on her has been that she started walking a little later than most babies (she was around 13 months when she started walking) and learning support in school for math classes only. She reported doing "just fine" in the rest of her classes and daily life.

<https://www.chop.edu/conditions-diseases/22q112-deletion-and-duplication-syndromes>

*See medical records for any other information on physical health.

Prescription Medications: Synthroid, pre-natal, ferrous sulfate

*See medical records for any other information regarding prescription or over the counter medications.

Family History: See medical records

*See medical records for any other information regarding family history.

Birth Father History: EM reported that birth father was diagnosed with gender dysphoria – and subsequent manic depression and anxiety as a result of this diagnosis.

Pre-Natal Care: EM has attended six pre-natal appointments as shown below. Please review medical records for details of appointments. EM reported that she plans to attend the remaining recommended pre-natal appointments.

10/28/2019 (Record A) (Initial routine pre-natal visit and Sexually transmitted infection testing)

11/12/2019 (Record B) (Ultrasound/Pre-natal Visit)

2/19/2020 (Record C) (CBC/Drug Screen/Ultrasound Report)

2/21/2020 (Record D) (Pre-natal Visit)

2/26/2020 (Record E) (Pre-natal Visit)

3/5/2020 (Record F) Medical History/Health Summary

Medical Records:

See medical records for details of pre-natal care appointments.

Child Protective Services (CPS) involvement: Asked, none reported

Birth Mother's Background:

Lorielle is a 32-year-old married (in process of a divorce) female. She is currently in a relationship with the baby's biological father. Lorielle reported that the biological father is intersex and has gender dysphoria.

EM reported a history of 1 pregnancy prior to her current pregnancy. She reported her pregnancy history as follows:

November 2015/7lbs, 8ounces. This baby does have DiGeorge (22q11.2) syndrome. He received early intervention services to help him prepare for kindergarten. The doctors thought he had acid reflux because he sounded a little nasally when he talked. They later found that the back of his throat had low tone which caused silent aspiration from formula. He received a feeding tube and EM reported that he comes off the tube soon as he has now learned to eat on his own. He will receive therapy for the back of his throat for the poor muscle tone that led to aspiration. EM reported that he is now very active and loves to play outside all the time. She reported that he knows his alphabet, is great with picking out colors and is very hands on with learning. He likes to be around other kids but is also very independent. He does great with art projects and has a creative streak.

Lorielle stated that she is placing her baby for adoption because she and the biological father are not emotionally or financially able to raise another child. She reported that the biological father is continually dealing with his gender related dysphoria issues and cannot emotionally take care of another child.

Lorielle was counseled on various options, including supportive services that could be added to her environment so that she could keep her child, placing with a relative or placing into foster care temporarily until she felt ready to parent. She does not believe that any of these scenarios are viable options and would prefer to plan for adoption.

MEDICAL COSTS:

Lorielle reported that she receives Medicaid health insurance. While rare, if any pregnancy, labor and delivery and/or hospital/NICU related bills are not covered by Medicaid or private insurance, they may become the responsibility of the adoptive family.

APPROXIMATE TOTAL LIVING EXPENSES:

One Time Expenses:

Maternity Clothes: \$200

Rent, late bills due to pregnancy causing inability to work and Relocation: \$2800 (post-partum/around May 2020)

Recurring Monthly Expenses

Housing, food, utilities, transportation to medical appointments and personal hygiene products:

March 2020: \$1430

April 2020: \$1080

ADOPTIVE PARENT PREFERENCES:

EM prefers same gender. Will consider opposite gender of those sensitive to and understanding of LGBTQ issues. Couples and singles welcome to apply.

PRE-DELIVERY COMMUNICATON:

EM is open to texts and calls

*Please note, preferences may change at a later date.

DURING DELIVERY: PAPs to stay at hotel. Come to hospital after baby is born.

POST DELIVERY:

Type of adoption requesting: EM is requesting an open adoption.

Photos: Yes. 3, 6, 9 and 12 months. Randomly after that. Birthdays, holidays and special events.

Written Updates: Yes, Email.

In person visits: Yes, 2-3 times per year if possible for adoptive family. Flexible and willing to compromise on number of visits per year if necessary.

ITEMIZED ESTIMATED COSTS. THESE ARE APPROXIMATES ONLY. ACTUAL FEES MAY VARY BASED ON STATES INVOLVED

\$15,000: (firm, not an approximate) Agency non-refundable match/referral fee due upon acceptance of match. If adoption does not occur, PAPs may apply for the re-match program for a chance to re-match with another adoption opportunity for up to 12 months. The initial \$15,000 will be reapplied to the new match.

\$5510 expectant mother living expenses (paid over the course of the pregnancy and not all at once)

\$4,000 - \$6,000 Adoptive parent legal fees: (could be less depending on attorney chosen):

\$2,000 - \$3,000: Expectant mom legal costs.

\$500: Court costs (estimate)

\$500: Social Worker/Support Counselor (estimate)

\$500-\$800: Post Placement visits/reports varies based on PAPs agency arrangements (estimate)
Number of post placement visits vary state to state.

\$500 - \$800 Incidentals (estimate)

Varies: Fees vary for travel (based on PAPs mode of travel, lodging arrangements, etc)

Brightside Adoption Connection
118 W. Streetsboro St, Suite 88
Hudson, Ohio 44236

Today's Date 03/07/2019 2020

Expectant Parent Questionnaire

This Questionnaire is confidential and does not obligate you to relinquish your child.
Please fill out as much as possible.

Name: [redacted]
First Middle Last

Address: [redacted]
[redacted] [redacted] Pennsylvania [redacted]
City County State Zip

Height 5 Weight 5 Hair color Brown Eye color Brown
Ethnicity white

Home Telephone: [redacted] Age: 32
Work Telephone: [redacted] Social Security #: [redacted]

Cell phone: [redacted] Driver's License # [redacted]

Which is the best phone number to reach you at?
[redacted] Home Work Other Cell

Is there anyone else that answers the phone? Y N N

If yes, do they know about your adoption plan? Y N N

E mail address: [redacted]

Maiden name if married or divorced: [redacted]

Birth date: [redacted] Are you a U.S. Citizen? Yes

Are you currently working? Y N

Employer: None Date of Employment: None

Address: None

Do you have any Native American Heritage? Y N
If yes what tribe(s)? N

Enrollment 0
number 0

***To better select adoptive parents, please be truthful.**

Since you have become pregnant, have you:

Smoked cigarettes? Y N Quantity ^N _____
Used Alcohol? Y N Quantity ^N _____
Used Illegal Drugs? Y N Type: ^N _____ Quantity: 0 _____

Have you ever been pregnant before? Y N Y

If yes, how many times? ¹ _____

What happened with those pregnancies? Did you deliver? ^Y _____

Children names/ages _____

Did any of these pregnancies result in a(n) _____ abortion ^N
_____ miscarriage ^N
_____ C-Section ^N

Are there any physical health/mental health issues in your family?

22qdeletion _____

Generalized anxiety disorder _____

Do you have any mental health history/diagnosis?

Generalized anxiety _____

Have you ever been involved with Child Protective Services? Y N N

If so, please describe ⁰ _____

Have you ever been arrested? Y N N

If yes, please explain: ^N _____

Legal History: Any felonies or Misdemeanors on your record? Please explain:
^N _____

Do you have medical Insurance? Y N Y

Insurance Co: _____ Policy no: _____

Do you expect to need a Cesarean section? Y N N

Have you told your Doctor that you plan to place your child for adoption? Y Y
N

Would you allow this office to speak with your Doctor? Y

Y N

Dr. Name _____ Phone Number _____

Father of Child

Name: _____ Phone number: _____
Address: _____

Date of Birth: _____ Place of Birth: _____

Height 5'9 Weight 145 Hair color Dirty blonde Eye Color Brown
Ethnicity _____

Are you married to the father?	N	Y	N	Does he know you're Pregnant?	Y	N	Y
Does he know you intend to place the child for adoption?	Y	N	Y				
Is he willing to agree to the adoption?	Y	N	Y				
Does he wish to meet or talk with the adoptive parents?	Y	N	Y				
Has he financially supported you during pregnancy?	Y	N	N				
Has he attended any pre-natal or doctor visits with you?	Y	N	Y				
Does he have any Native American Heritage?	Y	N	N				

Did you and the father ever live together?

Y N Y

If so, the address is/was:

Dates were: from: July 2019 to Present

Has he acknowledged the child is his?

Y N Y

Do you plan on naming him on the birth certificate?

Y N Y

Are there any health problems in his family?

Y N N

Please explain any physical/mental health problems in his family:

N

Does the father have any history with drug or substance abuse?

Y N N

Does the father have any mental health issues/diagnosis?

Manic depression, anxiety

Has the birth father ever been arrested?

N

Y N

If yes, explain:

Do you anticipate any problems placing your child for adoption by the birth father? Y N If yes, explain:

N

If allowable in your state, will you need help with allowable living or pregnancy expenses? Y N If yes please describe:

Y

PREFERENCE FOR ADOPTIVE FAMILY

Do you have any preferences or exclusions for the ethnicity of the adoptive family? Either

Do you have any preferences or exclusions for the religion of the adoptive family? No

Do you have any preferences or exclusions for the family type of the adoptive family? Do you prefer or want to exclude married, single, heterosexual or homosexual families? families or single

Do you have any preference where the adoptive family resides? somewhere that's open

Do you prefer a family that does not have children or one that already has children? Or, does it not matter? doesn't matter

ADOPTION PLANNING

PRE-DELIVERY

Would you like the adoptive parents to attend doctor visits with you during the pregnancy?

No

Would you like contact with the adoptive family prior to delivery? What type? Phone? Text? Email?

Skype? Other?

Yes it doesn't matter which one

Will the adoptive family be allowed in the delivery room?

Not during delivery

Will the adoptive family be allowed in the waiting room while you are in labor?

I would like after delivery and I got to spend time with him

POST-DELIVERY

Would you like visits with your child?

Yes

Would you like photo updates? How often? Through email? Regular mail?

Yes both special occasions Christmas holidays ect. Birthdays

Would you like moldings of the baby's feet soon after delivery?

Yes

MISCELLANEOUS

Y N Are you open to have counseling? Y

Y N Have you told your family about your pregnancy? Y

Y N Have you told your family about your intention to place your child for adoption? Y

Y N Are they supportive of your decision? Y

Do you feel you are close to your: Y mother? Y N father? Y N N
Y N Have you told any friends about your adoption plans? N
Y N Are they supportive of your decision? Y

Getting to Know You

What is your favorite color? Turquoise Movie? Harry Potter
food? Japanese Book? Harry Potter
flower? Orchids Music? Alternative
hobbies/sports? Music 1, writing, dance

Something I would like my child to know about me,
I'm very spiritual in a shaman kind of sense. I have medium abilities so I am actually
~~able to see spirits. It runs in my moms side of the family's. I can pick up on peoples~~
intentions and I love astrology. I love being creative and using my ability.

Something I would like the adoptive parents to know about me,

~~I'm very spiritual in a shaman kind of sense. I have medium abilities so I am actually~~
~~able to see spirits. It runs in my moms side of the family's. I can pick up on peoples~~
~~intentions and I love astrology. I love being creative and using my ability. I'm very~~
~~sweet kind and passionate.~~

EMERGENCY CONTACTS

In case of an emergency, please list the names and addresses of two friends or
relatives who would
be able to contact you:

Name: [redacted]
Address: [redacted]
Phone: [redacted] Relationship: [redacted]

Name: [redacted]
Address: [redacted]
Phone: [redacted] Relationship: [redacted]

Are you working or have you worked with any other facilitator, agency, or lawyer in regards to the adoption of this child? If yes, please list which ones.
I worked with [redacted] and they weren't able to do full on open adoption or have visits.

I hereby authorize Brightside Adoption Connection to share this questionnaire with any adoption professional and to any prospective adoptive parents who may be interested in adopting my child. I understand that personal information such as name, phone number, address, social security number, etc, will not be shared with prospective adoptive families.

I declare that the foregoing is true and correct.

Expectant Mother Signature: [redacted] Date: 3/7/2020

AFTER VISIT SUMMARY

10/28/2019 2:45 PM

OB/GYN

Question about your visit? Need medical advice?

Instructions from [REDACTED] MD



Your medications have changed today
See your updated medication list for details.



US OB less than 14 weeks single or first gestation

Scheduled for 11/12/2019

Expires: 10/27/2020 (requested)

Today's Visit

You saw [REDACTED] MD on Monday October 28, 2019 for: Routine Prenatal Visit.

The following issues were addressed:

- Unknown date of last menstrual period, antepartum
- Normal pregnancy in multigravida in first trimester
- Thyroid disease affecting pregnancy
- Less than 8 weeks gestation of pregnancy
- Positive pregnancy test
- Routine cervical smear
- Screening for STD (sexually transmitted disease)



Blood Pressure
124/70



BMI
27.62



Weight
166 lb (75.3 kg)

Today's Visit (continued)

Done Today

Liquid-Based Pap Smear with optional orders for Routine cervical smear; Screening for STD (sexually transmitted disease)

Urine culture for Normal pregnancy in multigravida in first trimester

hCG, quantitative, pregnancy for Normal pregnancy in multigravida in first trimester

CBC and differential for Normal pregnancy in multigravida in first trimester

Hepatitis B surface antigen for Normal pregnancy in multigravida in first trimester

HIV antigen/antibody Diagnostic for Normal pregnancy in multigravida in first trimester

RPR for Normal pregnancy in multigravida in first trimester

Rubella antibody, IgG for Normal pregnancy in multigravida in first trimester

Urinalysis with microscopic for Normal pregnancy in multigravida in first trimester

Hepatitis C Virus Ab, Conf Reflex for Normal pregnancy in multigravida in first trimester

TSH for Thyroid disease affecting pregnancy

T4, free for Thyroid disease affecting pregnancy

POCT pregnancy, urine for Positive pregnancy test

What's Next

NOV
12
2019

Ultrasound

Tuesday November 12 1:00 PM (Arrive by 12:45 PM)

Please arrive 15 minutes prior to the scheduled appointment time.

Bring a current list of all medications including all over the counter along with current insurance cards and photo id.

Co-pay is expected at the time of service.

NOV
25
2019

Established Patient Visit with [REDACTED] MD

Monday November 25 10:15 AM (Arrive by 10:00 AM)

Please arrive 15 minutes prior to your scheduled appointment time.

Bring a current list of all your medications including all over the counter medications along with current insurance cards and photo ID.

Co-pay is expected at the time of service. Your insurance may require a referral. Please check directly with your insurance carrier prior to your appointment. You may be responsible for some, or for all of your appointment costs.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Changes to Your Medication List

i Accurate as of October 28, 2019 11:59 PM.
If you have any questions, ask your nurse or doctor.

CONTINUE taking these medications

ferrous sulfate 325 mg(65 mg FE) tablet

Take 325 mg by mouth daily with breakfast.

PRENATAL ORAL

Take 1 tablet by mouth daily.

SYNTHROID 75 MCG tablet
Generic drug: levothyroxine

Take 75 mcg by mouth every morning before breakfast.

STOP taking these medications



HYDROcodone-acetaminophen 5-325 mg tablet

Commonly known as: NORCO

Stopped by: [REDACTED] MD



venlafaxine 150 MG ER capsule

Commonly known as: EFFEXOR-XR

Stopped by: [REDACTED] MD

[REDACTED]

We want to improve, and you can help. You may receive a survey from [REDACTED] asking about your visit. Please complete the survey and we will use your feedback to make improvements.

[REDACTED]

Name: [REDACTED] | DOB: [REDACTED] | MRN: [REDACTED] | PCP: [REDACTED]

CHLAMYDIA/GC RNA,TMA,PAP - Details

Component Results

Component	Your Value	Standard Range	Flag
C. trachomatis, RNA, TMA	Your Value NOT DETECTED	<i>Standard Range</i> NOT DETECTED	
<p>This test was performed using the APTIMA COMBO2(R) Assay (GEN-PROBE(R)).</p> <p>The analytical performance characteristics of this assay, when used to test SurePath(R) specimens have been determined by Quest Diagnostics.</p>			
N. gonorrhoeae, RNA, TMA	Your Value NOT DETECTED	<i>Standard Range</i> NOT DETECTED	
<p>This test was performed using the APTIMA COMBO2(R) Assay (GEN-PROBE(R)).</p> <p>The analytical performance characteristics of this assay, when used to test SurePath(R) specimens have been determined by Quest Diagnostics.</p>			

General Information

Ordered by [REDACTED], MD

Collected on 10/28/2019 3:24 PM

Resulted on 11/01/2019 9:05 AM

Result Status: Final result

This test result has been released by an automatic process.

[REDACTED]

[REDACTED]

Component Your Value Standard Range Flag

GYNECOLOGICAL CYTOLOGY REPORT

THINPREP PAP AND HPV mRNA E6/E7

Cytology, ThinPrep Pap

REPORT STATUS: FINAL

CLINICAL INFORMATION: Pregnant

SLIDES / SOURCE: 1 / Cervix, Endocervix

STATEMENT OF ADEQUACY: Satisfactory for evaluation.
Endocervical/transformation zone component
present.

INTERPRETATION/RESULT: Negative for intraepithelial lesion or malignancy.

CYTOTECHNOLOGIST: JEH, CT(ASCP)

For informational purposes:

All cytology specimens are processed at [REDACTED]
[REDACTED]
[REDACTED]

The Pap is a screening test for cervical cancer.
It is not a diagnostic test and is subject to false
negative and false positive results. It is most
reliable when
a satisfactory sample, regularly
obtained, is submitted with relevant clinical
findings and history, and when the Pap result is
evaluated along with historic and current clinical
information.

HPV mRNA E6/E7

HPV mRNA E6E7 Not Detected

REFERENCE RANGE: NOT DETECTED

This test was performed using the APTIMA HPV Assay
(Gen-Probe Inc.). This assay detects E6/E7 viral
messenger RNA (mRNA) from 14 high-risk HPV types
(16,18,31,33,35,39,45,51,52,56,58,59,66,68).

[REDACTED]

General Information

Ordered by [REDACTED], MD

Collected on 10/28/2019 3:24 PM

Resulted on 11/01/2019 9:05 AM

Result Status: Final result

This test result has been released by an automatic process.

[REDACTED]

[REDACTED]

Name: [REDACTED] | DOB: [REDACTED] | MRN: [REDACTED] | PCP: [REDACTED], DO

POCT PERFORM URINE PREGNANCY - Details

Component Results

Component	Your Value	Standard Range	Flag
Pregnancy Test, Urine POC	Your Value Positive		
URINE PREGNANCY INTERNAL CONTROL PRESENT	Your Value Yes		
URINE PREGNANCY KIT LOT NUMBER	Your Value 136,892		
URINE PREGNANCY KIT EXPIRATION	Your Value 02-08-2021		
Specific Gravity, UA	Your Value 1.015		

General Information

Ordered by [REDACTED] MD

Collected on 10/28/2019 3:23 PM (Urine)

Resulted on 10/28/2019 3:23 PM

Result Status: Final result

This test result has been released by an automatic process.

Name: [REDACTED] | DOB: [REDACTED] | MRN: [REDACTED] | PCP: [REDACTED] DO

US OB < 14 WKS SINGLE GEST

Scan on 11/12/2019 2:06 PM

Obstetrics Report

Patient / Exam Information Date of Exam: 11/12/2019

Patient ID [REDACTED]
 Name [REDACTED]
 DOB/Age [REDACTED]
 Gravida 2
 Para 1
 AB
 Ectopic
 Fetus 1

LMP [REDACTED] DOC [REDACTED] EDD [REDACTED] GA [REDACTED]
 GA(AUA) 18w1d
 EDD(AUA) 04/13/2020

Perf. Phys. [REDACTED] Ref. Phys. [REDACTED] Sonographer [REDACTED]
 Comment [REDACTED] Indication [REDACTED] DATES [REDACTED]

EPW (Hadlock)	Value	Range	Age	Range	GP (Hadlock)
ACBPD/FLHC	221g (8oz)	± 32g	18w0d		N/A

2D Measurements	AUA	Value	m1	m2	m3	Meth	GP	GA
BPD (Hadlock)	<input checked="" type="checkbox"/>	4.13 cm	4.13			avg.		18w4d
OFD (HC)		5.37 cm	5.37			avg.		
HC (Hadlock)	<input checked="" type="checkbox"/>	15.32 cm	15.32			avg.		18w2d
AC (Hadlock)	<input checked="" type="checkbox"/>	12.39 cm	12.39			avg.		18w0d
FL (Hadlock)	<input checked="" type="checkbox"/>	2.62 cm	2.62			avg.		18w0d
HL (Jeanty)	<input type="checkbox"/>	2.53 cm	2.53			avg.		18w0d
Cereb (Hill)	<input type="checkbox"/>	1.72 cm	1.72			avg.		17w2d
NF		3.39 mm	3.39			avg.		

2D Measurements	Value	m1	m2	m3	m4	m5	m6	Meth
Uterus								
Cervix Length	3.56 cm	3.56						avg.
Left Ovary								
Length	2.39 cm	2.39						avg.
Width	2.24 cm	2.24						avg.
Height	1.14 cm	1.14						avg.
Volume	3.196 cm³	3.196						
Right Ovary								
Length	1.66 cm	1.66						avg.
Width	1.61 cm	1.61						avg.
Height	1.70 cm	1.70						avg.

AFTER VISIT SUMMARY

DoB: [REDACTED]

11/12/2019 1:00 PM

Question about your visit? Need medical advice?

Call

Today's Visit

You were seen on Tuesday November 12, 2019 for: Pregnancy Ultrasound. The following issues were addressed: Unknown date of last menstrual period, antepartum and Normal pregnancy in multigravida in first trimester.

What's Next

NOV
25
2019

Established Patient Visit with [REDACTED], MD

Monday November 25 10:15 AM (Arrive by 10:00 AM)

Please arrive 15 minutes prior to your scheduled appointment time.

Bring a current list of all your medications including all over the counter medications along with current insurance cards and photo ID.

Co-pay is expected at the time of service. Your insurance may require a referral. Please check directly with your insurance carrier prior to your appointment. You may be responsible for some, or for all of your appointment costs.

Name: [REDACTED] | DOB: [REDACTED] | MRN: [REDACTED] | PCP: [REDACTED], DO

US OB 14+ WKS SINGLE GEST

Scan on 2/19/2020 11:35 AM

Obstetrics Report

Patient / Exam Information Date of Exam: 02/19/2020

Patient ID [REDACTED]
 Name [REDACTED]
 DOB, Age [REDACTED]
 Gravida 2
 Para 1
 AB
 Ectopic
 Fetus 1

LMP [REDACTED] DQC [REDACTED] EDD 04/14/2020 GA 32w1d
 GA(AUA) 32w4d
 EDD(AUA) 04/11/2020

Perf. Phys. [REDACTED] Ref. Phys. [REDACTED] Sonographer [REDACTED]
 Comment [REDACTED] Indication [REDACTED]

ANATOMY NOT
SEEN PRIOR

EFW (Hadlock)	Value	Range	Age	Range	GP (Hadlock)
ACBPD/FLHC	1932g (4lb4oz)	± 282g	31w6d		42.3%

2D Measurements	AUA	Value	m1	m2	m3	Meth.	GP	GA
BPD (Hadlock)	<input checked="" type="checkbox"/>	8.32 cm	8.30	8.35		avg.	79.5%	33w3d
CFD (HC)	<input checked="" type="checkbox"/>	10.47 cm	10.43	10.45		avg.		
HC (Hadlock)	<input checked="" type="checkbox"/>	30.02 cm	29.93	30.10		avg.	42.0%	33w2d
AC (Hadlock)	<input checked="" type="checkbox"/>	28.35 cm	28.76	27.96		avg.	58.5%	32w3d
FL (Hadlock)	<input checked="" type="checkbox"/>	6.01 cm	6.01	6.01		avg.	16.5%	31w2d
HL (Javenty)	<input type="checkbox"/>	5.35 cm	5.35			avg.	26.0%	31w1d

2D Measurements	Value	m1	m2	m3	m4	m5	m6	Meth.
AFI								
Q1	4.70 cm	4.70						avg.
Q2	6.64 cm	6.64						avg.
Q3	5.07 cm	5.07						avg.
Q4	3.29 cm	3.29						avg.
AFI	19.70 cm	19.70						

M-Mode Measurements	Value	m1	m2	m3	m4	m5	m6	Meth.
Fetal Heart Rate								
Ventricular FHR	145 bpm	145						avg.

Anatomical Survey

1/3
02/19/2020 11:30:25 AM

Name: [REDACTED] | DOB: [REDACTED] | MRN: [REDACTED] | PCP: [REDACTED]

US OB 14+ WKS SINGLE GEST - Details

Study Result

Impression

Late prenatal care. Anatomy scan at 32 weeks. Growth in 40 second percentile. AFI 19. BPP 8 8. Multiple anatomic markers not viewed or suboptimal due to gestational age including the head, profile, heart views. Discussed this with patient. Repeat ultrasound to re-evaluate the heart in 3-4 weeks.

Images

Scan on 2/19/2020 11:35 AM

Component Results

There is no component information for this result.

General Information

Ordered by [REDACTED], MD

Resulted on 02/19/2020 11:35 AM

Result Status: Edited Result - FINAL

This test result has been released by an automatic process.

[REDACTED]

[REDACTED]

AFTER VISIT SUMMARY

DoB: [REDACTED]

2/19/2020 9:30 AM

Question about your visit? Need medical advice?

Instructions from [REDACTED], MD



US OB 14 + weeks single or first gestation

Scheduled for 2/19/2020

Expires: 2/18/2021 (requested)



Labs ordered today

Bile acids, total

Please complete by 2/19/2020

CBC and differential

Please complete by 2/19/2020

Comprehensive metabolic panel

Please complete by 2/19/2020

Glucose tolerance test, 1 hr. Gest Scrn

Please complete by 2/19/2020

Rapid drug screen, urine

Please complete by 2/19/2020

TSH+Free T4

Please complete by 2/20/2020

Today's Visit

You saw [REDACTED], MD on Wednesday February 19, 2020 for: Routine Prenatal Visit. The following issues were addressed: Thrombocytopenia (HCC), Supervision of other normal pregnancy, Pregnancy with 32 completed weeks gestation, and Limited prenatal care in third trimester.



Blood Pressure

126/78



BMI

30.62



Weight

184 lb

(83.5 kg)

What's Next

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Download the MyChart mobile app for your smartphone or tablet. You can use the MyChart app to view your test results, send messages to your doctor, request prescription renewals, pay your medical bills, and more.

Remember MyChart is NOT to be used for urgent needs. For medical emergencies, dial 911.

Name: [REDACTED] | DOB: [REDACTED] | MRN: [REDACTED] | PCP: [REDACTED]

Cbc With Differential - Details

Component Results

Component	Your Value	Standard Range	Flag
Auto WBC	Your Value 9.57 k/mcL	<i>Standard Range</i> 4.40 - 11.30 k/mcL	
RBC	Your Value 3.81 m/mcL	<i>Standard Range</i> 3.70 - 5.19 m/mcL	
Hemoglobin	Your Value 9.5 g/dL	<i>Standard Range</i> 12.3 - 15.3 g/dL	Flag L
Hematocrit	Your Value 30.7 %	<i>Standard Range</i> 36.0 - 45.0 %	Flag L
MCV	Your Value 80.6 fL	<i>Standard Range</i> 80.0 - 96.0 fL	
MCH	Your Value 24.9 pg	<i>Standard Range</i> 27.5 - 33.2 pg	Flag L
MCHC	Your Value 30.9 g/dL	<i>Standard Range</i> 31.0 - 35.9 g/dL	Flag L
RDW	Your Value 16.9 %	<i>Standard Range</i> 11.3 - 15.3 %	Flag H
Platelet Count	Your Value 100 k/mcL	<i>Standard Range</i> 145 - 445 k/mcL	Flag L
repeated			
MPV			
Test Not Measured			
Neutrophils Relative Percent	Your Value 69 %	<i>Standard Range</i> 37 - 77 %	
Lymphocytes Relative Percent	Your Value 20 %	<i>Standard Range</i> 10 - 44 %	

Component	Your Value	Standard Range	Flag
Monocytes Relative Percent	Your Value 7 %	<i>Standard Range</i> 2 - 15 %	
Eosinophils Relative Percent	Your Value 2 %	<i>Standard Range</i> 0 - 7 %	
Basophils Relative Percent	Your Value 0 %	<i>Standard Range</i> 0 - 2 %	
Immature Granulocytes Relative Percent	Your Value 1 %	<i>Standard Range</i> ≤ 1 %	
Absolute Neutrophil Count	Your Value 6.62 k/mcL	<i>Standard Range</i> 2.00 - 9.30 k/mcL	
Absolute Lymphocyte Count	Your Value 1.95 k/mcL	<i>Standard Range</i> 0.60 - 3.40 k/mcL	
Absolute Monocyte Count	Your Value 0.68 k/mcL	<i>Standard Range</i> 0.00 - 1.50 k/mcL	
Absolute Eosinophil Count	Your Value 0.17 k/mcL	<i>Standard Range</i> 0.00 - 0.70 k/mcL	
Absolute Basophil Count	Your Value 0.02 k/mcL	<i>Standard Range</i> 0.00 - 0.20 k/mcL	
Immature Granulocytes (Abs)	Your Value 0.13 k/mcL	<i>Standard Range</i> 0.00 - 0.03 k/mcL	Flag H
Nucleated Red Blood Cells	Your Value 0 /100	<i>Standard Range</i> ≤ 0 /100	

General Information

Ordered by [REDACTED], MD

Collected on 02/19/2020 1:03 PM from Blood (Blood)

Resulted on 02/19/2020 1:38 PM

Result Status: Final result

This test result has been released by an automatic process.

Name: [REDACTED] | DOB: [REDACTED] | MRN: [REDACTED] | PCP: [REDACTED]

GLUCOSE TOLERANCE 1 HOUR - Details

Component Results

Component	Your Value	Standard Range	Flag
1 Hr Gestational Diabetes Screen	Your Value 159 mg/dL	<i>Standard Range</i> 70 - 139 mg/dL	Flag H

General Information

Ordered by [REDACTED], MD

Collected on 02/19/2020 1:03 PM from Blood (Blood)

Resulted on 02/19/2020 2:32 PM

Result Status: Final result

This test result has been released by an automatic process.

[REDACTED]

[REDACTED]

Name: [REDACTED] | DOB: [REDACTED] | MRN: [REDACTED] | PCP: [REDACTED]

Comprehensive Metabolic Panel - Details

Component Results

Component	Your Value	Standard Range	Flag
Glucose	Your Value 159 mg/dL	<i>Standard Range</i> 70 - 99 mg/dL	Flag H
BUN	Your Value 5 mg/dL	<i>Standard Range</i> 6 - 20 mg/dL	Flag L
Creatinine	Your Value 0.44 mg/dL	<i>Standard Range</i> 0.50 - 0.90 mg/dL	Flag L
GFR MDRD African American	Your Value >60		
eGFR is calculated with MDRD equation, not validated in children, pregnant women, or people > 85 years. It is not valid in conditions with acute changes in creatinine values like acute renal failure and dialysis. Values < 60 are associated with CKD.			
GFR MDRD Non-African American	Your Value >60		
Sodium	Your Value 135 mmol/L	<i>Standard Range</i> 136 - 145 mmol/L	Flag L
Potassium	Your Value 3.4 mmol/L	<i>Standard Range</i> 3.5 - 5.2 mmol/L	Flag L
Chloride	Your Value 98 mmol/L	<i>Standard Range</i> 98 - 107 mmol/L	
CO2	Your Value 22 mmol/L	<i>Standard Range</i> 22 - 30 mmol/L	
Anion Gap	Your Value 15 mmol/L	<i>Standard Range</i> 7 - 16 mmol/L	
Calcium	Your Value 8.4 mg/dL	<i>Standard Range</i> 8.4 - 10.3 mg/dL	

Component	Your Value	Standard Range	Flag
Total Protein	Your Value 6.8 g/dL	Standard Range 6.4 - 8.3 g/dL	
Albumin	Your Value 3.3 g/dL	Standard Range 3.5 - 5.2 g/dL	Flag L
Total Bilirubin	Your Value 0.2 mg/dL	Standard Range 0.0 - 1.2 mg/dL	
Alkaline Phosphatase	Your Value 102 U/L	Standard Range 35 - 104 U/L	
AST	Your Value 13 U/L	Standard Range 0 - 32 U/L	
ALT	Your Value 7 U/L	Standard Range 0 - 33 U/L	

General Information

Ordered by [REDACTED], MD

Collected on 02/19/2020 1:03 PM from Blood (Blood)

Resulted on 02/19/2020 2:16 PM

Result Status: Final result

This test result has been released by an automatic process.

Name: [REDACTED] | DOB: [REDACTED] | MRN: [REDACTED] | PCP: [REDACTED]

TSH - Details

Study Result

Narrative

High Biotin/vitamin B7 doses (i.e.>5 mg/day) ingested within 8 hours of phlebotomy may interfere with assay and render result inaccurate.

Component Results

Component	Your Value	Standard Range	Flag
TSH	Your Value 5.910 mcU/mL	<i>Standard Range</i> 0.400 - 4.000 mcU/mL	Flag H

General Information

Ordered by [REDACTED] MD

Collected on 02/19/2020 1:03 PM from Blood (Blood)

Resulted on 02/19/2020 2:25 PM

Result Status: Final result

This test result has been released by an automatic process.

[REDACTED]

[REDACTED]

Name: [REDACTED] | DOB: [REDACTED] | MRN: [REDACTED] | PCP: [REDACTED] DO

RAPID DRUG SCREEN, URINE - Details

Study Result

Narrative

All urine drugs of abuse tests are screening tests, false positive results have been observed. Any positive result needs to be verified by ordering a confirmatory test if clinically indicated.

Unconfirmed screening results must not be used for non-medical purposes e.g. employment or legal testing.

Component Results

Component	Your Value	Standard Range	Flag
Amphetamine Screen, Urine	Your Value Negative	Standard Range Negative	
Concentrations greater than or equal to 1000 ng/mL indicate a positive result.			
Barbiturate Screen, Urine	Your Value Negative	Standard Range Negative	
Concentrations greater than or equal to 200 ng/mL indicate a positive result.			
Benzodiazepine Screen, Urine	Your Value Negative	Standard Range Negative	
Concentrations greater than or equal to 300 ng/mL indicate a positive result.			
Opiate Screen, Urine	Your Value Negative	Standard Range Negative	
Concentrations greater than or equal to 300 ng/mL indicate a positive result.			
PCP Screen, Urine	Your Value Negative	Standard Range Negative	
Concentrations greater than or equal to 25 ng/mL indicate a positive result.			
Cannabinoid Screen, Urine	Your Value Negative	Standard Range Negative	
Concentrations greater than or equal to 50 ng/mL indicate a positive result.			
Cocaine Metabolite Screen, Urine	Your Value Negative	Standard Range Negative	
Concentrations greater than or equal to 300 ng/mL indicate a positive result.			

General Information

Ordered by [REDACTED], MD

Collected on 02/19/2020 1:03 PM from Urine (Urine)

Resulted on 02/19/2020 1:56 PM

Result Status: Final result

This test result has been released by an automatic process.

[REDACTED]

[REDACTED]

AFTER VISIT SUMMARY

DoB: [REDACTED]

2/21/2020 2:30 PM

Question about your visit? Need medical advice?

Today's Visit

You saw [REDACTED], MD on Friday February 21, 2020. The following issue was addressed: Diet controlled gestational diabetes mellitus (GDM) in third trimester.

What's Next

FEB
26
2020

Established Patient Visit with [REDACTED], MD

Wednesday February 26 10:15 AM (Arrive by 10:00 AM)

Please arrive 15 minutes prior to your scheduled appointment time.

Bring a current list of all your medications including all over the counter medications along with current insurance cards and photo ID.

Co-pay is expected at the time of service. Your insurance may require a referral. Please check directly with your insurance carrier prior to your appointment. You may be responsible for some, or for all of your appointment costs.

Download the MyChart mobile app for your smartphone or tablet! You can use the MyChart app to view test results, send messages to your doctor, request prescription renewals, pay your medical bills, and more.

MyChart is NOT to be used for urgent needs. For medical emergencies, call 911.

Obstetrics Report

Page 1/3

Patient / Exam Information

Date of Exam: 03/05/2020

Patient ID [REDACTED]
 Name [REDACTED]
 DOB, Age [REDACTED]
 Gravida 2
 Para 1
 AB
 Ectopic
 Fetus 1

LMP [REDACTED] DOC [REDACTED] EDD 04/14/2020 GA 34w2d
 GA(AUA) 35w4d
 EDD(AUA) 04/05/2020

Perf. Phys. [REDACTED] Ref. Phys. [REDACTED] Sonographer [REDACTED]
 Comment [REDACTED] Indication F/U ANATOMY

EFW (Hadlock)	Value	Range	Age	Range	GP (Hadlock)
AC/BPD/FL/HC	2743g (6lb1oz)	± 400g	35w5d		82.6%

2D Measurements	AUA	Value	m1	m2	m3	Meth.	GP	GA
BPD (Hadlock)	<input checked="" type="checkbox"/>	8.81 cm	8.81			avg.	83.4%	35w4d
OFD (HC)		11.33 cm	11.33			avg.		
HC (Hadlock)	<input checked="" type="checkbox"/>	32.82 cm	32.82			avg.	86.1%	37w2d
AC (Hadlock)	<input checked="" type="checkbox"/>	32.93 cm	32.93			avg.	98.0%	36w6d
FL (Hadlock)	<input checked="" type="checkbox"/>	6.30 cm	6.30			avg.	7.4%	32w4d

2D Measurements	Value	m1	m2	m3	m4	m5	m6	Meth.
AFI								
Q1	8.01 cm	8.01						avg.
Q2	0.95 cm	0.95						avg.
Q3	3.44 cm	3.44						avg.
Q4	2.71 cm	2.71						avg.
AFI	15.11 cm	15.11						

M-Mode Measurements	Value	m1	m2	m3	m4	m5	m6	Meth.
Fetal Heart Rate								
Ventricular FHR	136 bpm	136						avg.

Anatomical Survey

1/3
 03/05/2020 8:39:18 AM

Name: [REDACTED] | DOB: [REDACTED] | MRN: [REDACTED] | PCP: [REDACTED], DO

US OB 14+ WKS SINGLE GEST - Details

Study Result

Impression

Follow-up anatomy US @34w2d. Dated by 18-wk US. Prior anatomy US performed @32 wks

EFW 2743 gm, 83%le today. HC 86%le, AC 98%le, FL 7%le

4CH now visualized

LVOT, RVOT, face and profile views still not visualized due to fetal position

AFI 15 cm

BPP 8/8

Anterior placenta

Fetus vertex

Results reviewed with the patient by me immediately following this US. Would not recommend further attempt at completion of anatomy survey at this late GA. Will inform Peds of incomplete survey at delivery

Images

Scan on 3/5/2020 8:45 AM

Component Results

There is no component information for this result.

General Information

Ordered by [REDACTED], MD

Resulted on 03/05/2020 8:44 AM

Result Status: Edited Result - FINAL

This test result has been released by an automatic process.

Name: [REDACTED] | DOB: [REDACTED] | MRN: [REDACTED] | PCP: [REDACTED], DO

Health Summary

Please review your health issues, and verify that the list is up to date. Call 911 if you are having an emergency.

[REDACTED]

[REDACTED]

Hypothyroid
Added 3/17/2015

Supervision of other
normal pregnancy
Added 4/15/2015

Thrombocytopenia
(HCC)
Added 8/27/2015

Dysfunction of
eustachian tube
Added 1/19/2012

Microcytic anemia
Added 11/7/2016

[REDACTED]

Diarrhea

Added 12/23/2019

Limited prenatal care
in third trimester

Added 2/19/2020

Please review your medications, and verify that the list is up to date. Call 911 if you are having an emergency.

levothyroxine 75 MCG tablet

Commonly known as: Synthroid

Take 75 mcg by mouth every morning before breakfast.



Prescription Details

Documented by

PNV no.95/ferrous fum/folic ac (PRENATAL ORAL)

Take 1 tablet by mouth daily.



Prescription Details

Documented by RN

ferrous sulfate 325 mg(65 mg FE) tablet

Take 325 mg by mouth daily with breakfast.



Prescription Details

Documented by [REDACTED], RN

Please review your allergies, and verify that the list is up to date. Call 911 if you are having an emergency.

You have no allergies on file.

This is a list of immunizations that your clinic has on file for you.

**Influenza, Quadrivalent,
Preservative Free (IM)**
Dates on file: 09/25/2015

Preventive medicine plays an important part in your health and overall well-being. The following procedures are recommended for people of your age, sex, and medical history.

Overdue

Pre-diabetes Screening
Overdue

Name: [REDACTED] | DOB: [REDACTED] | MRN: [REDACTED] | PCP: [REDACTED], DO

Medical History

This is an overview of your medical history on file with the clinic.

Medical History

Diagnosis	When
Anemia	
Anxiety	
Migraines	
Hashimoto's thyroiditis	
Thyroid activity decreased	
ITP (idiopathic thrombocytopenic purpura)	
22q11.2 deletion syndrome	

Surgical History

Procedure	When
TYMPANOSTOMY	
Hysteroscopy	5/24/2016
EXPLORATORY LAPAROSCOPY	5/24/2016
Colonoscopy	
Colonoscopy	10/3/2016
Inner Ear Surgery	

Family Medical History

Relationship	Health Issue	Comment
Mother	Bleeding Disorder	

Relationship	Health Issue	Comment
Mother	Clotting disorder	
Paternal Grandmother	Thyroid disease	

Social History

Smoking Tobacco Use:
Former Smoker

Smoking Tobacco Types:

Packs / Day:

Years Smoked:

Smoking Tobacco Quit Date:

Smokeless Tobacco Use:
Never Used

Smokeless Tobacco Types:

Alcohol Use:
Not Currently

Standard Drinks / Week:

Family Status

Relationship	Status	Age at Death	Comment
Mother			
Paternal Grandmother			
Neg Hx			

AFTER VISIT SUMMARY

DoB: [REDACTED]

2/26/2020 10:15 AM

Question about your visit? Need medical advice?

Instructions from [REDACTED] MD



US OB 14 + weeks single or first gestation
Expires: 2/25/2021 (requested)

What's Next

MAR
5
2020

Ultrasound

Thursday March 5 8:15 AM (Arrive by 8:00 AM)

Please arrive 15 minutes prior to the scheduled appointment time.
Bring a current list of all medications including all over the counter along with current insurance cards and photo id.
Co-pay is expected at the time of service.

Today's Visit

You saw [REDACTED] MD on Wednesday February 26, 2020 for: Routine Prenatal Visit.

The following issues were addressed:

- Pregnancy with 33 completed weeks gestation
- Thrombocytopenia (HCC)
- Hypothyroidism, unspecified type
- Limited prenatal care in third trimester
- Abnormal glucose tolerance affecting pregnancy, antepartum



Blood Pressure
130/66



BMI
30.62



Weight
184 lb
(83.5 kg)