



SAN GABRIEL VALLEY PERINATAL MEDICAL GROUP, INC.

Maternal-Fetal Medicine

1798 N. Garey Ave.
Pomona CA 91767

Telephone: (909) 865-9705
Fax: (909) 622-5309

REGISTRATION

(PLEASE PRINT)

Date _____ Home Phone (____) _____ Cell Phone (____) _____

PATIENT INFORMATION

Name _____ Soc. Sec. # _____
 Last Name First Name Middle Initial
 Address _____ E-mail _____
 City _____ State _____ Zip _____
 Sex M F Age _____ Birthdate _____
 Married Widowed Single Minor
 Separated Divorced Partnered for _____ years
 Patient Employer/School _____ Occupation _____
 Employer/School Address _____ Employer/School Phone (____) _____
 Whom may we thank for referring you? _____
 In case of emergency who should be notified? _____ Phone (____) _____

PRIMARY INSURANCE

Person Responsible for Account _____
 Last Name First Name Middle Initial
 Relation to Patient _____ Birthdate _____ Soc. Sec. # _____
 Address (If different from patient's) _____ Phone (____) _____
 City _____ State _____ Zip _____
 Person Responsible Employed by _____ Occupation _____
 Business Address _____ Business Phone (____) _____
 Insurance Company _____
 Contract # _____ Group # _____ Subscriber # _____

ADDITIONAL INSURANCE

Is patient covered by additional insurance? Yes No
 Subscriber Name _____ Birthdate _____ Relation to Patient _____
 Address (If different from patient's) _____ Phone (____) _____
 City _____ State _____ Zip _____
 Subscriber Employed by _____ Business Phone (____) _____
 Insurance Company _____ Soc. Sec. # _____
 Contract # _____ Group # _____ Subscriber # _____

ASSIGNMENT AND RELEASE

I certify that I, and/or my dependent(s), have insurance coverage with _____ and assign directly to
 Name of Insurance Company(ies)
SAN GABRIEL VALLEY PERINATAL MED. GRP. all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. The above-named doctor may use my health care information and may disclose such information to the above-named Insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. This consent will end when my current treatment plan is completed or one year from the date signed below.

Signature of Patient, Parent, Guardian or Personal Representative

Date

Please print name of Patient, Parent, Guardian or Personal Representative

Relationship to Patient



SGV Perinatal
 Medical Group, Inc.

1135 S SUNSET AVE STE 402
 WEST COVINA, CA 91790
 Phone: 626.337.4425
 Fax: 626.337.4305
 www.peridocs.com

Consent to Communicate Medical Information

Voicemail Communication

Welcome to our practice! Many times during the course of your care our providers will want to provide information to you about laboratory results or other medical issues. Sometimes it is difficult to connect with patients by phone which delays our ability to relay information. Some patients prefer that we leave messages on their voicemails as a way to eliminate delays. We are bound to protect patient privacy, we cannot use this method of communication unless we have permission to do so. Please indicate your preference as to how we can communicate information to you during your care as a patient here:

- Yes, you may leave a message on my:
 - Home # _____
 - Cell # _____
- No, you may not leave a message on my voicemails.

Communicate with Family Members or Significant Others

Some patients would like us to discuss their medical care with a spouse, family member or other trusted associate. To assure privacy, we require patient permission to do so. Please list any other persons with whom we may share your medical information.

 Name Relationship to Patient

 Name Relationship to Patient

Request for E-mail Communication

Some patients prefer to communicate with our clinical and administrative support staff by e-mail. Transmitting patient information by e-mail, however, has a number of risks that patients should consider before giving consent. Communications over the internet and/or using the email system are not encrypted and are inherently insecure. There is no assurance of confidentiality of information when communicated this way. Nevertheless, you may request that we communicate with you via e-mail. To do so, please provide us with your email information below:

- Yes, I authorize E-mail communication
- No, I do not authorize E-mail communication

 E-Mail Address

 Patient Signature

SAN GABRIEL VALLEY PERINATAL MEDICAL GROUP, INC.

1135 S. Sunset Ave. #402
West Covina, Ca. 91790
Phone 625-337-4425 Fax 626-337-4305

Please provide us with the name and phone number of your current pharmacy.

PHARMACY NAME:

PHONE NUMBER:

PLEASE PRINT PATIENT NAME

PATIENT SIGNATURE

DATE

SAN GABRIEL VALLEY PERINATAL MEDICAL GROUP, INC.
PATIENT FINANCIAL POLICY .
TAX ID 95-4282339

We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care. The following is a statement of our Financial Policy . In order to reduce confusion and misunderstanding between our patients and practice we require you read and sign this statement prior to any treatment. If you have any questions regarding these policies, please discuss them with our front office staff or supervisor.

- We have made prior arrangements with many health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement and will only require you to pay the authorized co-payment, deductibles and/or coinsurance at the time of service. It is our policy to collect the co-payment at the time of service .
- If you fail to notify us of an insurance change, you are fully responsible for any amount not paid by your insurance company.
- In the event that your health plan determines a service to be "not covered", "not medically necessary" or "not authorized", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office. If you disagree with your insurance company's determination, you must contact your insurance company directly.
- Your insurance policy is a contract between you and your insurance company, our group is not involved.
- HMO's and some other insurance require an official referral and/or authorization form. If we have not received it in our office at the time of service, you will be required to sign a Waiver of Responsibility Form and a deposit of payment may be expected.
- If you have pending Medi-Cal coverage, we require a \$75.00 deposit at the time of service. If you provide a retroactive Medi-Cal card that covers your service date, we will refund your deposit.
- In order to provide the best possible service and availability to all our patients, please call us as early as possible if you know you need to reschedule your appointment. There is a cancellation fee if you do not cancel or reschedule your appointment without prior 48 hour advance notice.

Additional services such as laboratory and genetic counseling are an additional charge and you will be billed separately.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THE ABOVE TERMS AND CONDITIONS

Signature of Person Financially Responsible

Date

Please Print Name of Patient



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E-PRESCRIBING PBM CONSENT FORM

ePrescribing is defined as a physician's ability to electronically send an accurate, error free, and understandable prescription directly to a pharmacy. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care.

Benefits data are maintained for health insurance providers by organizations known as Pharmacy Benefits Managers (PBM). PBM's are third party administrators of prescription drug programs whose primary responsibilities are processing and paying prescription drug claims. They also develop and maintain formularies, which are lists of dispensable drugs covered by a particular drug benefit plan.

The Medicare Modernization Act (MMA) 2003 listed standards that have to be included in an ePrescribe program. These include:

- **Formulary and benefit transactions**-- Gives the prescriber information about which drugs are covered by the drug benefit plan.
- **Medication history transactions**-- Provides the physician with information about medications the patient is already taking prescribed by any provider, to minimize the number of adverse drug events.

By signing this consent form you are agreeing that San Gabriel Valley Perinatal Medical Group can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

Patient Name (printed) _____ Date of Birth ____/____/____

Signature of patient (or representative) _____

Date ____/____/____ Relationship if other than patient _____



SAN GABRIEL VALLEY PERINATAL MEDICAL GROUP, INC

**Consent to participate in physician encounters by telephone, video conference,
or other electronic services (Telemedicine)**

I, _____ (name), agree to discuss my medical condition with the use of electronic services, called telemedicine. I agree to discuss my condition, lab results, and plan for care confidentially, as if we were meeting in person, but using an electronic service. I understand that I have the right to refuse to have my evaluation this way. I further understand, that if I agree now, I can change my mind in the future and my care will be continued in person at an appointment in the future. I understand that my insurance company will be billed at the applicable rate for my encounters.

Yes, I agree to participate. _____ (sign), _____ (date)

No, I decline to participate. _____ (sign), _____ (date)



SAN GABRIEL VALLEY PERINATAL MEDICAL GROUP, INC

You have been evaluated in our Perinatal Center. The risk of certain complications (as listed below) may be higher in your pregnancy.

I. Preterm labor (i.e. when labor begins before 37 weeks)

Signs and symptoms of preterm labor may include some or all of the following symptoms:

- ❖ Regular or frequent contractions (tightening of the uterus), equal to or greater than 6 times in an hour.
- ❖ Menstrual – like cramps or abdominal cramps
- ❖ Low backache
- ❖ Pelvic pressure
- ❖ Increase or change in vaginal discharge (watery, mucus, or bloody)
- ❖ Leakage of clear water or bleeding from the vagina

Call your doctor if you notice any of the above symptoms

II. Preeclampsia (high blood pressure during the second half of pregnancy and can affect all organs)

Symptoms of preeclampsia which require attention:

- ❖ Headache not relieved by Tylenol
- ❖ New onset of major visual disturbance
- ❖ Pain in right upper abdomen
- ❖ Decreased fetal movement

Call your doctor if you notice any of the above symptoms

III. Placenta Previa

If you are diagnosed of having placenta previa, call your doctor if you experience any of the following symptoms:

- ❖ Bright red vaginal bleeding
- ❖ Leakage of clear water from vagina
- ❖ Regular or frequent contractions, equal to or greater than 6 times in an hour

Avoid douching, strenuous activity, heavy lifting, sexual activity or sexual stimulation until advised.

Call your obstetrician if you have any questions or problems

*** Please go to L&D if you are concerned with baby's well being or your baby's movements are less than normal.**

*** Please bring your glucometer to all appointments at the Perinatal Center if you have diabetes mellitus.**

*** Take all prescribed medications as instructed. Do not skip doses.**

*** It is important to keep all of your scheduled appointments as instructed. Failing an appointment may delay the appropriate diagnosis and management.**

I have received, read, and understood the above instructions.

Patient signature: _____ **Date:** _____

Witness signature: _____ **Date:** _____

SAN GABRIEL VALLEY PERINATAL MEDICAL GROUP, INC
POMONA VALLEY PERINATAL CENTER
1798 North Garey Avenue
Pomona, California 91767
(909) 865-9705 TEL (909) 622-5309 FAX

Why Tdap During Pregnancy

Currently there is a whooping cough epidemic in California.

Your baby will very likely be exposed to Whooping cough after he/she is born.

Whooping cough is very dangerous for newborn babies often times requiring hospitalizations and sometimes causing death.

It is very important to protect your baby before it is born. You can protect your baby by receiving the Tdap Vaccine between 26-37 weeks of pregnancy.

When you get the vaccine you make antibodies which will be transferred to your baby and protect him /her against the whooping cough when he/she is born.

With the vaccine your baby is less likely to get sick but if he/she does get sick he/she will not be as sick as if you do not take the vaccine.

It is also important to make sure that anyone who will be handling your baby is current on their Tdap Vaccines. Please make sure that they are current prior to you baby being born.

目前在加州有百日咳疫情。

您的寶寶很可能在出生後感染到百日咳。

百日咳對新生嬰兒很危險，通常需要住院治療，有時甚至造成死亡。

在寶寶出生前做好保護是非常重要的。您可以通過在26~37周的妊娠期間接種Tdap疫苗來保護寶寶。

當您接種疫苗後，您會產生抗體。這些抗體被轉給您的寶寶，保護他/她在出生後免受百日咳的感染。

如您接種了疫苗，寶寶不太可能生病，那怕生病了，病情也沒有如你沒有接種疫苗那麼嚴重。

確保每個將接觸你寶寶的人現在就接種Tdap疫苗是非常重要的。請確保他們在您寶寶出生前接種疫苗。

Actualmente hay una epidemia de tos ferina en California.

Es muy probable que su bebé esté expuesto a la tos ferina después de que él / ella nazca.

La tos ferina es muy peligrosa para los bebés recién nacidos a menudo requieren hospitalizaciones y algunas veces causa la muerte.

Es muy importante proteger a su bebé antes de que nazca. Usted puede proteger a su bebé



Risks Associated With Maternal Obesity (BMI >30)

In Pounds and Inches			
Height (inches)	Overweight Point (lbs)	Obesity Point (lbs)	Severe Obesity Point (lbs)
4' 9"	115.29	138.35	184.47
4' 10"	119.38	143.25	191
4' 11"	123.53	148.23	197.64
5' 0"	127.75	153.3	204.4
5' 1"	132.04	158.45	211.27
5' 2"	136.41	163.69	218.25
5' 3"	140.84	169.01	225.35
5' 4"	145.35	174.42	232.56
5' 5"	149.93	179.91	239.89
5' 6"	154.58	185.49	247.32
5' 7"	159.3	191.16	254.88
5' 8"	164.09	196.91	262.54
5' 9"	168.95	202.74	270.32
5' 10"	173.88	208.66	278.21
5' 11"	178.89	214.66	286.22
6' 0"	183.96	220.75	294.34
6' 1"	189.11	226.93	302.57
6' 2"	194.32	233.19	310.92

BMI = (weight in pounds/ (height in inches x height in inches))x703

A BMI less than 18.5 is *underweight*

A BMI of 18.5–24.9 is *normal weight*

A BMI of 25.0–29.9 is *overweight*

A BMI of 30.0–39.9 is *obese*

A BMI of 40.0 or higher is *severely (or morbidly) obese*

Weight gain recommendations during pregnancy by weight status

underweight BMI less than 18.5 27-40 lbs

normal weight BMI of 18.5–24.9 25-35 lbs

overweight BMI of 25.0–29.9 15-25 lbs

obese BMI of 30.0–39.9 less than 15 lbs

Increased risks for the Mother:

- ❖ Miscarriage
- ❖ Diabetes
- ❖ Preeclampsia
- ❖ Hypertension
- ❖ Blood clots: Stroke, pulmonary embolism
- ❖ Induction
- ❖ Cesarean Delivery
- ❖ Complications from anesthesia
- ❖ Hemorrhage
- ❖ Wound infection
- ❖ Death

Increased risks for the Infant:

- ❖ Stillbirth
- ❖ Neonatal death
- ❖ Birth trauma
- ❖ Childhood and adolescent obesity
- ❖ Childhood and adolescent diabetes
- ❖ [REDACTED]

Why Breast feeding is important:

- ❖ Decreased risk of breast cancer
- ❖ Decreased risk of ovarian cancer
- ❖ Reach pre pregnancy weight faster
- ❖ Healthier Baby
- ❖ Convenient
- ❖ Less expensive

San Gabriel Valley Perinatal Medical Group
Your Pregnancy Ultrasound Scan
Please read this carefully

As part of your antenatal care you are having an ultrasound examination (also known as a level II ultrasound scan or sonogram) of your pregnancy. Ultrasound examination of the fetus during pregnancy is generally considered safe when limited to that required to produce the needed information [1]. The examination does not involve x-rays.

Usually the examination will be through your abdomen and you should have a full bladder. For the examination you will be asked to lie down on an examination table and a clear gel will be applied to your skin over your abdomen. The gel will help to transmit the sound waves generated by the ultrasound probe. The sound waves that bounce back to the ultrasound probe are used to create pictures on the ultrasound monitor similar to a television screen.

Sometimes the examination will be done through the vagina (transvaginal) to provide a more detailed image, but the doctor will talk to you about this if it proves necessary.

The examination will look for abnormalities in your baby or babies and will attempt to determine the age and size of your baby or babies. The examination will also look for abnormalities in the placenta. If you do decide to have an ultrasound examination we will assume that you wish to know about anything that we find.

About 60% of major abnormalities will be seen on ultrasound examinations performed between 16 to 20 weeks. Findings suggestive of Down syndrome may be detected about 50% of the time [3,4]. Conditions such as cerebral palsy and autism are not detectable by sonogram before birth. Some malformations of the heart, digestive tract, and face as well as hydrocephalus are most likely to be detected after 26 weeks [2]. In addition to the age of the baby other factors such as maternal obesity, previous abdominal surgery, and the baby's position may prevent detection of abnormalities.

The table below lists the chances of detecting an abnormality by organ system during a 16 to 20 week sonogram [3].

Organ system	Chance of an abnormality being seen
Central nervous system (brain and spine)	92%
Lungs	78%
Genitourinary (kidneys and bladder)	69 %
Gastrointestinal (diaphragm, stomach, esophagus, intestines)	69 %
Skeletal (long bones, feet, and hands)	35 %
Heart	30 to 50 %
Craniofacial (jaw, lip, palate, eye sockets, and skull)	35 %

If a problem is found you will be told at the time of the examination that there is a problem. A full discussion of the problem may require you to come back to the office for further evaluation. Some problems that need repeat examination are not serious or are "false alarms".

The examination can sometimes tell what sex the baby appears to be, but not always. If you do not

want to know the sex of your baby, please inform the examiner before you begin the examination.

REFERENCES

1. US Department of Health and Human Services, Public Health Service, Food and Drug Administration: An Overview of Ultrasound: Theory, Measurement, Medical Applications, and Biological Effects. Publication # FDA 82-8190
2. Grandjean H, Larroque D, Levi S. The performance of routine ultrasonographic screening of pregnancies in the Eurofetus Study. *Am J Obstet Gynecol.* 1999;181(2):446-54. [PMID 10454699](#)
3. Anderson N, et al., Prenatal sonography for the detection of fetal anomalies: results of a prospective study and comparison with prior series. *AJR Am J Roentgenol.* 1995;165(4):943-50. [PMID 7676997](#)
4. Ultrasound Screening July 2000 Supplement to Ultrasound Screening for Fetal Abnormalities 2006 Royal College of Obstetricians and Gynaecologists <http://www.rcog.org.uk/index.asp?PageID=1185#app2> Accessed 10/6/06

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