

Capital Region **WOMEN'S CARE**

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Congratulations on your Pregnancy!

Thank you for choosing Ob/Gyn Health Center Associates for your obstetrical care. We understand this is a special time for you and your family. Our desire is to provide you with the best possible care. We are proud of our unique collaborative physician and midwifery practice. This allows for individualized care to meet your specific needs. We encourage your active participation in your birthing experience. It is important that you communicate your desires to us.

Your first obstetrical visit is a relatively long visit. During this visit we will obtain your medical history, do a physical exam, identify potential risk factors, answer any questions, and complete lab work. This testing may include tests for: infectious diseases, sexually transmitted disease, blood counts, random drug screening and blood type. Ultrasounds will be performed throughout your pregnancy as indicated by your provider. Please sign the form below stating you understand and consent to this testing. To maximize your visit time, we request you complete, as best you can, the attached paperwork.

As always, your health and the health of your baby is our utmost concern. Don't be afraid to bring your questions to visits; it is our pleasure to answer them. Our nursing staff is available from 9:00 AM to 5:00 PM Monday through Friday to answer your questions. If your questions are not of an emergency nature, please make these calls during office hours. If an emergency occurs after hours, please call our office number, and you will get our exchange. Our exchange is prepared to relay all your concerns to our on call provider, who will promptly get back to you. We will do all we can to assist you to have a happy, healthy pregnancy.

Patient Name (Printed) _____
Patient Signature _____ Date _____
Witness _____ Date _____
Patient Account # _____ Date of Birth _____