

Page Name	Section Header	Variable/Field Name	Field Label	Field Attributes (Field Type, Choices)
EmPOWR Registry & Repository	Patient Information	patient_name	Patient's Name	text
		patient_empi	Patient EMPI	text
		patient_mrn	Patient MRN	text
		empowr_ID	EmPOWR Identification Number	text
		address	Home Address	text
		phone_number	Phone Number	text
	Visit Information	date_visit	Date of Visit	text
		new_patient	Is this a new patient?	yesno
		consent	Was patient consented today?	yesno
		consented_by	Who consented the patient?	text
		consent_for_recontact	Did the patient consent to be recontacted?	yesno
		intake_form	Type of Visit/Intake Form	1, General GYN/OB 2, Obstetrics 3, Gynecologic Oncology 4, Reproductive Endocrinology & Infertility (REI) 5, Female Pelvic Medicine & Reconstructive Surgery (FPMRS) 6, Family Planning 7, Rehabilitation 8, Returning Patient 9, Delivery
		study_site	Study Site	1, EUH/Emory Clinic 2, EUH Midtown 3, John's Creek 4, Saint Joseph's 5, Grady 6, Winship
	provider	Provider	text	
	Sample Donation	repository_sample	Did the patient donate one or more samples to the repository at this time?	yesno
		repository_sample_type	Sample type(s)	1, Blood 2, Urine 3, Vaginal Swab 4, Amniotic Fluid 5, Placenta 6, Cord Blood 7, Tissue specimen 8, Other
		sampletype_other	If other, list the type of sample	text
		sample_ID_blood	Sample ID number for Blood	text
		sample_ID_urine	Sample ID number for Urine	text
		sample_ID_swab	Sample ID number for Vaginal Swab	text
		sample_ID_amnio	Sample ID number for Amniotic fluid	text
		sample_ID_placenta	Sample ID number for Placenta	text
		sample_ID_cord	Sample ID number for Cord Blood	text
		sample_ID_tissue	Sample ID number for Tissue	text
	sample_ID_other	Sample ID number for Other type of sample	text	
	Withdrawal	withdrawal_yesno	Has the patient chosen to withdraw from the registry/repository in any way?	yesno
		letter_revocation	Was the patient's letter of revocation received?	yesno

		withdrawal_date	Date of Withdrawl	text
		withdrawl_type	Type of Withdrawl	1, No longer wants to be contacted 2, Request to destroy biological sample, but allows for use of registry information 3, Request to destroy biological sample and/or prohibits use of registry information
Demographics & Vitals	Demographics	birthdate	Birth Date	text
		age	Age	text
		gender	Gender	1, Female
		race	Race	0, Not Recorded 1, American Indian/Alaskan Native 2, Asian 3, Black or African American 4, Hispanic or Latino 5, Native Hawaiian/Pacific Islander 6, Caucasian 7, Multiracial 8, Other
		ethnicity	Ethnicity	0, Not Recorded 1, Hispanic or Latino 2, Non Hispanic or Latino 3, Other
		religion	Religion	0, Not Recorded 1, No Preference/Unaffiliated 2, Christianity 3, Judaism 4, Islam 4, Buddhism 5, Hinduism 6, Other Religion
		maritalstatus	Marital Status	0, Not Recorded 1, Single 2, Married 3, Widowed 4, Divorced 5, Separated
		language	Language	0, Not Recorded 1, English 2, Non English speaker
	Vitals	systolic	Systolic BP	text
		diastolic	Diastolic BP	text
		height	Height (inches)	text
		weight	Weight (lbs)	text
		bmi	BMI	text
		BSA	BSA (m2)	text
		heartrate	Heart Rate	text
pulse		Pulse	text	
	LMP	Last Menstrual Period (LMP)	text	
Symptoms of Today's Visit	Reason for Visit	visitreason	Briefly describe the reason for your visit:	text
	Symptoms from Today's visit	contitional	Constitutional (General) Symptoms	0, Denies all symptoms 1, Weakness 2, Tiredness 3, Lack of Appetitie 4, Excessive Appetite 5, Weight Loss 6, Weight Gain 7, Chills 8, Fever 9, Night Sweats 10, Cold or Heat Intolerance 11, Difficulty Sleeping 12, Abnormal Thirst 13, Fatigue 14, Decreased activity

eye	Eye Symptoms	0, Denies all symptoms 1, Visual problem 2, Blurring 3, Double vision 4, Visual disturbances 5, Discharge 6, Squinting/cross eye 7, Itchy eyes 8, Corrective lenses/glasses 9, Redness 10, Dryness 11, Tearing 12, Pain 13, Eye infection 14, Droopy eyes
earnosethroat	Ear/Nose/Mouth/Throat Symptoms	0, Denies all symptoms 1, Decreased Hearing/Hearing problem 2, Pain/soreness 3, Ringing in the ears (tinnitus) 4, Nasal congestion 5, Frequently running nose 6, Problem with smelling 7, Nose bleeds 8, Sore throat/hoarseness 9, Sinus Problems 10, Unusually loud voice 11, Mouth breaking/snoring 12, Bad breath 13, Problems with teeth/gums 14, Discharges 15, Trouble swallowing
lungs	Respiratory (Lungs) Symptoms	0, Denies all symptoms 1, Shortness of breath 2, Cough 3, Sputum production 4, Cough up blood 5, Wheezing 6, Turning blue 7, Asthma 8, Bronchitis 9, Pneumonia 10, Tuberculosis
heart	Cardiovascular (Heart) Symptoms	0, Denies all symptoms 1, Palpitations 2, Slow or irregular heart rate 3, Abnormal swelling of extremities 4, Pain in legs 5, Fainting 6, Chest pain 7, Mitral valve prolapse 8, Heart murmur 9, High blood pressure 10, High blood pressure in pregnancy 11, History of Rheumatic fever 12, Heart valve disease 13, Given prophylactic antibiotics 14, Tires easily with exercise 15, Varicose Veins 16, Heart attack 17, Aneurysm 18, Hand/foot discoloration 19, Poor circulation 20, Heart failure
breast	Breast Symptoms	0, Denies all symptoms 1, Lump 2, Pain 3, Nipple discharge 4, Redness 5, Dimples 6, Skin changes

GI	GI Symptoms	0, Denies all symptoms 1, Nausea 2, Vomiting 3, Diarrhea 4, Constipation 5, Heartburn/Indigestion 6, Abdominal pain 7, Abdominal Bloating 8, Blood in stool 9, Change in bowel pattern 10, Food intolerance 11, Hemorrhoids 12, Need for frequent antacids 13, Black stools 14, Ulcer 15, Hepatitis/Liver disease 16, Hernias 17, GI bleed
UT	Urinary Tract Symptoms	0, Denies all symptoms 1, Urinary Tract Infections 2, Bladder or Kidney Infections 3, Frequent urination 4, Extreme urge to urinate 5, Loss of urine when Coughing or Sneezing (urine incontinence) 6, Painful urination 7, Blood in urine 8, Change in urine stream 9, Discharge from urethra/vagina 10, Making too much urine 11, Difficulty in urination/urine retention
heme_lymph	Hematologic/Lymphatic Symptoms	0, Denies all symptoms 1, Swollen lymph glands 2, Bleeding tendency/prolonged bleeding 3, Easy bruising 4, Anemia 5, Blood clotting/bleeding disorder 6, Sickle cell anemia or trait 7, Unexplained lumps 8, Bleeding gums 9, Frequent infections 10, Node enlargement
immuno	Immunologic Symptoms	0, Denies all symptoms 1, Immunocompromised
gynecologic	Gynecologic Symptoms	0, Denies all symptoms 1, Bladder infections (cystitis) 2, Incontinence 3, Kidney infections 4, Gonorrhea 5, Chlamydia 6, Herpes 7, Syphilis 8, Warts (HPV) 9, Decreased sex drive 10, Pelvic inflammatory disease (PID) 11, Pelvic pain 12, Endometriosis 13, Hot flashes/Night sweats

		musculo	Musculoskeletal Symptoms	0, Denies all symptoms 1, Back pain 2, Joint pain 3, Joint swelling 4, Joint redness 5, Joint stiffness 6, Muscle pain 7, Movement restrictions 8, Weakness of Arm or legs 9, Bone fractures 10, Rheumatoid arthritis 11, Lupus erythematous 12, Muscle twitching 13, Restless legs/leg movement during sleep
		endocrine	Endocrine Symptoms	0, Denies all symptoms 1, Diabetes 2, Diabetes in pregnancy 3, Thyroid disease 4, Excessive/abnormal hair growth
		skin	Dermatologic (Skin) Symptoms	0, Denies all symptoms 1, Rash 2, Itching 3, Breaks in skin 4, Burns 5, Dryness 6, Skin lesions 7, Unusual or new mole 8, Skin color change 9, Hair loss 10, Skin ulcer 11, Acne/skin problems
		neuro	Neurologic Symptoms	0, Denies all symptoms 1, Abnormal balance/unsteadiness 2, Confusion/Difficulty with memory 3, Numbness/Loss of sensation 4, Tingling 5, Headache/Migraine 6, Dizziness 7, Double vision 8, Paralysis/Weakness 9, Loss of coordination/Clumsiness 10, Blackouts/loss of consciousness 11, Seizures 12, Speech problems 13, Tingling 14, Head injury 15, Daytime sleepiness 16, Insomnia
		psych	Psychiatric Symptoms	0, Denies all symptoms 1, Anxiety or Panic attacks 2, Mood swings or Depression 3, Mania 4, Suicidal 5, Delusions/Psychosis 6, Hallucinations 7, Work or Family problems 8, Eating disorders 9, Sleep problems/nightmares 10, Problems with relationships 11, Addictions 12, Stress 13, Phobia 14, Mental illness
Obstretic History	OB History	gravidity	Total number of pregnancies (gravidity)	text
		parity	Total number of births (parity)	text
		prior_term	Number of term births	text
		prior_preterm	Number of Pre-term births	text
		prior_miscarriage	Number of miscarriages	text
		prior_abortions	Number of total abortions	text

SAB	Number of spontaneous abortions	text
EAB	Number of elective or induced abortions	text
tubal	Number of Tubal (ectopic) pregnancies	text
multiple_births	Number of Multiple births	text
living_children	Number of living children	text
prior_preg_complication	Complications from Previous Pregnancies	1, Diabetes 2, High Blood Pressure 3, Toxemia (Preeclampsia) 4, Pre-term labor 5, Abnormal Pap 6, Antepartem Bleeding 7, Sexually transmitted Infection 8, Urinary Tract Infection 9, Bacterial Vaginosis 10, Fibroids 11, IVF 12, Other
prior_cesareans	Number of cesareans	text
prior_VBACs	Number of Vaginal births after cesareans (VBAC)	text
delivered_6mo	Have you delivered a baby in the past 6 months?	yesno
breastfeeding	Are you currently breastfeeding?	yesno
rash_pregnant	Rash or Virus since pregant?	yesno
strep_child	Previous Group B Strep infected Child	yesno
Summary of Prior Pregnancies (Fields from OB/REI/Rehab intake forms)	pregnancy_categories	Number of Pregnancies 0, 0 1, 1 2, 2 3, 3 4, 4 5, 5 or more
	gestational_age_1stpreg	1st pregnancy: Gestational age text
	hours_labor_1stpreg	1st pregnancy: Hours in labor text
	birth_weight_1stpreg	1st pregnancy: Birth weight text
	sex_baby_1stpreg	1st pregnancy: Sex of baby 1, Male 2, Female
	delievry_type_1stpreg	1st pregnancy: Delivery type 1, Vaginal 2, C Section 3, Vacuum 4, Forceps
	anesthesia_type_1stpreg	1st pregnancy: Anesthesia Type 1, Natural 2, IV 3, Epidural 4, General
	hospital_1stpreg	1st Pregnancy: Hospital text
	child_ok_1stpreg	1st Pregnancy: Child Ok? yesno
	premature_labor_1stpreg	1st Pregnancy: Premature labor? yesno
	time_concieve_1stpreg	1st pregnancy: Time to concieve text
	delivery_1stpreg	1st pregnancy: Delivery Outcome 1, Miscarriage 2, Ectopic 3, Abortion 4, Live birth
	complications_1stpreg	1st pregnancy: Complications yesno
	gestational_age_2ndpreg	2nd pregnancy: Gestational age text
	hours_labor_2ndpreg	2nd pregnancy: Hours in labor text
	birth_weight_2ndpreg	2nd pregnancy: Birth weight text
	sex_baby_2ndpreg	2nd pregnancy: Sex of baby 1, Male 2, Female
	delievry_type_2ndpreg	2nd pregnancy: Delivery type 1, Vaginal 2, C Section 3, Vacuum 4, Forceps
	anesthesia_type_2ndpreg	2nd pregnancy: Anesthesia Type 1, Natural 2, IV 3, Epidural 4, General

hospital_2ndpreg	2nd Pregnancy: Hospital	text
child_ok_2ndpreg	2nd Pregnancy: Child Ok?	yesno
premature_labor_2ndpreg	2nd Pregnancy: Premature labor?	yesno
time_concieve_2ndpreg	2nd pregnancy: Time to concieve	text
delivery_2ndpreg	2nd pregnancy: Delivery Outcome	1, Miscarriage 2, Ectopic 3, Abortion 4, Live birth
complications_2ndpreg	2nd pregnancy: Complications	yesno
gestational_age_3rdpreg	3rd pregnancy: Gestational age	text
hours_labor_3rdpreg	3rd pregnancy: Hours in labor	text
birth_weight_3rdpreg	3rd pregnancy: Birth weight	text
sex_baby_3rdpreg	3rd pregnancy: Sex of baby	1, Male 2, Female
delievry_type_3rdpreg	3rd pregnancy: Delivery type	1, Vaginal 2, C Section 3, Vacuum 4, Forceps
anesthesia_type_3rdpreg	3rd pregnancy: Anesthesia Type	1, Natural 2, IV 3, Epidural 4, General
hospital_3rdpreg	3rd Pregnancy: Hospital	text
child_ok_3rdpreg	3rd Pregnancy: Child Ok?	yesno
premature_labor_3rdpreg	3rd Pregnancy: Premature labor?	yesno
time_concieve_3rdpreg	3rd pregnancy: Time to concieve	text
delivery_3rdpreg	3rd pregnancy: Delivery Outcome	1, Miscarriage 2, Ectopic 3, Abortion 4, Live birth
complications_3rdpreg	3rd pregnancy: Complications	yesno
gestational_age_4thpreg	4th pregnancy: Gestational age	text
hours_labor_4thpreg	4th pregnancy: Hours in labor	text
birth_weight_4thpreg	4th pregnancy: Birth weight	text
sex_baby_4thpreg	4th pregnancy: Sex of baby	1, Male 2, Female
delievry_type_4thpreg	4th pregnancy: Delivery type	1, Vaginal 2, C Section 3, Vacuum 4, Forceps
anesthesia_type_4thpreg	4th pregnancy: Anesthesia Type	1, Natural 2, IV 3, Epidural 4, General
hospital_4thpreg	4th Pregnancy: Hospital	text
child_ok_4thpreg	4th Pregnancy: Child Ok?	yesno
premature_labor_4thpreg	4th Pregnancy: Premature labor?	yesno
time_concieve_4thpreg	4th pregnancy: Time to concieve	text
delivery_4thpreg	4th pregnancy: Delivery Outcome	1, Miscarriage 2, Ectopic 3, Abortion 4, Live birth
complications_4thpreg	4th pregnancy: Complications	yesno
gestational_age_5thpreg	5th pregnancy: Gestational age	text
hours_labor_5thpreg	5th pregnancy: Hours in labor	text
birth_weight_5thpreg	5th pregnancy: Birth weight	text
sex_baby_5thpreg	5th pregnancy: Sex of baby	1, Male 2, Female
delievry_type_5thpreg	5th pregnancy: Delivery type	1, Vaginal 2, C Section 3, Vacuum 4, Forceps
anesthesia_type_5thpreg	5th pregnancy: Anesthesia Type	1, Natural 2, IV 3, Epidural 4, General
hospital_5thpreg	5th Pregnancy: Hospital	text

		child_ok_5thpreg	5th Pregnancy: Child Ok?	yesno
		premature_labor_5thpreg	5th Pregnancy: Premature labor?	yesno
		time_concieve_5thpreg	5th pregnancy: Time to concieve	text
		delivery_5thpreg	5th pregnancy: Delivery Outcome	1, Miscarriage 2, Ectopic 3, Abortion 4, Live birth
		complications_5thpreg	5th pregnancy: Complications	yesno
GYN History	Contraceptive History	contraceptive_history	Check all birth control methods you have used	1, Natural Family planning or rhythm method 2, Spermicide/Foam 3, Condoms 4, Diaphragm 5, Oral Contraceptives (Birth control pills) 6, Depo Provera Injections 7, Implant (Norplant) 8, IUD 9, Tubal ligation or Essure 10, Vasectomy of partner 11, Withdrawal 12, Sterilization 13, Other
		last_contraceptive	Was birth control used in the past month?	yesno
	Sexual History	sexually_active_current	Are you currently sexually active?	yesno
		sexual_partners	Number of sexual partners ever	text
		sexually_active_ever	If no, have you ever been sexually active?	yesno
		first_intercourse	Age of First Intercourse	text
		sexual_orientation	Sexual Orientation	1, Heterosexual 2, Homosexual 3, Bisexual
		pain_intercourse	Pain with intercourse	yesno
		problems_intercourse	Problems with intercourse	yesno
		bleeding_intercourse	Bleeding during or after intercourse	yesno
	sexual_trauma	History of sexual trauma?	yesno	
	Gyn History	menstruation_age	Age of First Menstruation	text
		days_bleed_period	Days in your cycle (duration of periods)	text
		interval_periods	Days between periods (frequency of periods)	text
		last_cycle_ontime	Was your last cycle on time?	yesno
		miss_period	Do you ever miss periods?	yesno
		period_twice_month	Does your period ever come twice in one month?	yesno
		pain_during_period	Pain with your periods?	yesno
		pain_between_periods	Pain between periods?	yesno
		period_dailyactivity	Does period pain affect your daily activities?	yesno
bleed_between_periods		Do you bleed between periods?	yesno	
abdominal_pain		Pelvic or abdominal pain?	yesno	
pads_tampons		Number of pads/tampons on heaviest day of period	text	
menstrual_cramps	Menstrual Cramps	1, None 2, Mild 3, Moderate 4, Severe		

abnormal_pap	Have you ever had an abnormal PAP smear?	yesno
colpo_biopsy	Have you ever had a colposcopy or biopsy?	yesno
STI	Have you ever had a sexually transmitted infection?	yesno
DES	Were you exposed to DES before birth?	yesno
vag_discharge	Vaginal discharge	yesno
vag_itching	Vaginal itching or discomfort	yesno
prolapse_bladder	Prolapse of bladder uterus or bowel	yesno
leakage_bladder	Leakage from bladder or bowel	yesno
menopause	Menopause?	yesno
age_menopause	Age of Menopause	text
bleeding_since_meno	If menopause, any bleeding since?	yesno
hormone_replacement	Have you ever used Hormone Replacement Therapy?	yesno
current_gyn_problems	Do you currently have any of these GYN problems?	1, Fibroids/Myomas 2, Endometriosis 3, Infertility 4, Gonorrhea 5, Chlamydia 6, Syphilis 7, Genital Warts/HPV 8, Herpes 9, HIV or AIDs 10, Hepatitis B 11, Hepatitis C 12, Trichomoniasis 13, Bacterial vaginosis 14, Yeast 15, Pelvic Inflammatory Disease 16, Use of Infertility drugs
past_gyn_problems	Have you had any of these GYN problems in the past?	1, Fibroids/Myomas 2, Endometriosis 3, Infertility 4, Gonorrhea 5, Chlamydia 6, Syphilis 7, Genital Warts/HPV 8, Herpes 9, HIV or AIDs 10, Hepatitis B 11, Trichomoniasis 12, Bacterial vaginosis 13, Yeast 14, Pelvic Inflammatory Disease 15, Use of Infertility drugs
Social History	Social History	
education	Highest Level of Education	1, < High School 2, Graduated High School 3, College Degree 4, Graduate Degree
currently_employed	Currently employed?	yesno
occupation	Occupation	0, Not Recorded 1, Homemaker 2, Student 3, Outside Work
disability	Disbility claims?	yesno
howlong_married	If married, how long?	text
num_marriages	How many previous marriages have you had?	text
family_unit	Who currently lives in the household?	0, Not listed 1, Living w/husband 2, Living w/parents 3, Living w/relatives 4, Alone (excluding children) 5, Living w/other male

community_resources	Currently using community resources?	yesno	
WIC	WIC Program?	0, N/A 1, Yes 2, No	
car_seat	Aware of car seat requirement?	yesno	
exercise	Do you regularly exercise?	yesno	
seat_belt	Do you regularly wear seat belts?	yesno	
sun_block	Do you regularly use sun block?	yesno	
eye_exam	Do you have regular eye exam?	yesno	
dental	Do you have regular dental exams?	yesno	
alcohol	Do you drink alcohol?	yesno	
drinks_week	Drinks per week	1, 1-7 2, 8-14 3, over 14	
smoke	Smoke currently?	yesno	
current_packs_day	If smoke currently, packs per day	text	
smoke_past	Did you smoke in the past?	yesno	
caffeine	How many cups of caffeine do you drink per day? (coffee/tea/soda)	text	
marijuana	Marijuana use	yesno	
cocaine	Cocaine use	yesno	
street_drugs	Have you ever used street/recreational drugs?	yesno	
abuse	Have you ever been physically abused or hurt?	yesno	
abuse_year	Have you been physically abused or hurt in the past 12 months?	yesno	
rape	Have you ever been forced to have sexual activity?	yesno	
rape_year	Have you been forced to have sexual activity in the past 12 months?	yesno	
firearms	Are there firearms in your home?	yesno	
Social History (Fields from Family Planning Intake Form)	current_grade	Current grade in school	text
	concerns_school	Concerns about school performance?	yesno
	concerns_teachers	Concerns about relationships with teachers?	yesno
	concerns_students	Concerns about other students?	yesno
	school_grades	Good grades in school?	yesno
	best_friend	Do you have a best friend?	yesno
	many_friends	Do you have many friends?	yesno
	dating	Are you dating?	yesno
	sexual_preference	I am dating:	1, Boys 2, Girls

		changes_family	In the past year, have there been any of the following changes in your family?	1, Marriage 2, Separation 3, Divorce 4, Move to new neighborhood 5, Change to new school 6, Serious Illness 7, Loss of job 8, Death 9, Birth 10, Other
Medical & Family History	Medical Problems	medical_problems	Have you had (or now have) any of the following medical problems?	1, High Blood Pressure 2, Heart Disease 3, High Cholesterol 4, Diabetes 5, Thyroid Disease/problems 6, Uterine cancer 7, Cervix cancer 8, Breast Cancer 9, Ovarian Cancer 10, Lupus 11, Pulmonary (Tuberculosis, Asthma) 12, Sickle Cell Trait 13, Sickle Cell Disease 14, Ulcerative colitis or irritable bowel 15, Autoimmune disorder 16, Difficulty getting pregnant 17, Abnormal uterus shape 18, Sexually transmitted infections 19, Major trauma/Domestic violence 20, Endometriosis 21, Alcohol Abuse 22, Depression/PP Depression 23, Anxiety/panic attacks 24, Psychiatric disorder 25, Eating disorder 26, Rheumatoid Arthritis 27, Hepatitis/liver disease 28, Kidney disease/UTI 29, Neurologic disorder/epilepsy
		genetic_history	Genetic History	1, Age >= 35 at EDD 2, Thalassemia 3, Neural Tube Defect 4, Congenital Heart Defect 5, Down Syndrome 6, Tay Sachs 7, Canavan 8, Familial Dysautonomia 9, Sickle Cell Disease/Trait 10, Hemophilia/Blood disorder 11, Muscular dystrophy 12, Cystic fibrosis 13, Huntington's Chorea 14, Mental Retard/Autism 15, Tested for fragile X 16, Other Inherited Disorder 17, Maternal metabolic 18, FOB Defect 19, Recurrent Loss/Stillborn 20, Other Birth defects
		past_surgery	Has the patient had any of the following operations/surgeries?	0, None 1, Appendix 2, Gall Bladder 3, Thyroid 4, Hysterectomy 5, Laparoscopy 6, Heart 7, Lung 8, Spine/joint 9, Tonsils 10, Cervix 11, Hernia 12, OB/GYN related 13, Other
		hospitalization	Have you ever been hospitalized for any reason for experienced any significant injuries?	yesno

	blood_transfusion	Have you ever had a blood tranfusion?	yesno
	Rh_sensitization	Rh Sensitization	1, N/A 2, Yes 3, No
	anesthetic_comp	Anesthetic Complication	yesno
	HIV_status	HIV status	1, Unknown 2, Positive 3, Negative
	allergies	Allergies list	notes
Immunizations	immunizations	Have you had the following Immunizations?	0, Denies all symptoms 1, Hepatitis A 2, Pneumonia 3, Varicella (Chicken Pox) 4, Hepatitis B 5, Rubella (MMR) 6, Measles 7, Influenza (Flu) 8, Tetanus (tDap) 9, Tuberculosis Skin Test 10, Mumps 11, Meningitis 12, Gardasil
	tb_test	TB test positive?	yesno
Family History	family_history_disease	Family history of disease	1, High Blood Pressure 2, Heart Disease 3, High Cholesterol 4, Diabetes 5, Thyroid Disease/problems 6, Uterine cancer 7, Cervix cancer 8, Breast Cancer 9, Ovarian Cancer 10, Lupus 11, Asthma 12, Sickle Cell Trait 13, Sickle Cell Disease 14, Ulcerative colitis or irritable bowel 15, Autoimmune disorder 16, Difficulty getting pregnant 17, Abnormal uterus shape 18, Sexually transmitted infections 19, Major trauma/Domestic violence 20, Endometriosis 21, Alcohol Abuse 22, Depression 23, Aniyty/panic attacks 24, Eating disorder 25, Rheumatoid Arthritis
Health Maintenance (Fields from Generalist Intake Form)	pap_smear	Result normal for last Pap smear?	yesno
	date_last_pap	Date of last pap smear	text
	last_cholesterol	Result normal for last Cholesterol?	yesno
	date_last_cholesterol	Date of last cholesterol	text
	mammogram	Result normal for last Mammogram?	yesno
	date_last_mammogram	Date of Last mammogram	text
	colonoscopy	Result normal for last Colonoscopy?	yesno
	date_last_colonoscopy	Date of last colonoscopy	text
	bone_density	Result normal for last Bone density?	yesno
	date_last_bonedesnity	Date of bone density scan	text
	breast_self_exam	Do you perform a breast self exam every month?	yesno
Current Medications	current_medications	Medication list	notes
	prenatal_vitamins	Prenatal vitamins	yesno

		calcium_supp	Do you take calcium supplements?	yesno
		folate	Taking folate supplements?	yesno
Other fields unique to one specialty's intake form	REI: Infertility History	time_trying_pregnant	How long have you been trying to get pregnant (years)	text
		attempted_pregnancy	Have you attempted pregnancy prior to this relationship?	yesno
	REI: Past Infertility Treatments	semen_analysis	Semen Analysis	yesno
		endometrial_biopsy	Endometrial Biopsy	yesno
		HSG	HSG (X-ray of tubes)	yesno
		ovulation_predictor	Ovulation predictor	yesno
		laparoscopy_REIpt	Laparoscopy	yesno
		hysterectomy_REIpt	Hysteroscopy	yesno
		chomiphene	Taken Chomiphene (Clomid)?	yesno
		letrozole	Taken Letrozole (Femara)?	yesno
		gonadotropins	Taken Gonadotropins?	yesno
		prior_inseminations	Prior Inseminations (IUIs)?	yesno
	REI: Hormonal Tests	REI_prolactin	Prolactin Result	text
		REI_TSH	TSH Result	text
		REI_estradiol	Day 3 FSH, Estradiol Result	text
		REI_AMH	AMH Result	text
		REI_progesterone	Progesterone Result	text
	REI: Prior IVF	prior_IVF	Prior In vitro fertilization?	yesno
		IVF_dose	Dose of prior IVF	text
		IVF_peakestrogen	Peak Estrogen of prior IVF	text
		IVF_eggs_recieved	# Eggs Received in Prior IVF	text
		IVF_embryos_available	% Fertilization (Embryos available) in Prior IVF	text
		IVF_num_embryos_trans	# Embryos Transferred in prior IVF	text
		IVF_outcome	Outcome of Prior IVF	text
		IVF_frozen_embryos	# Frozen Embryos in Prior IVF	text
	REI: Husband/Partner History	partner_age	Age of partner	text
		partner_ethnicity	Ethnicity of partner	text
		partner_height	Height of partner (inches)	text
		partner_weight	Weight of partner (lbs)	text
		partner_prev_preg	Has partner initiated a pregnancy in a previous relationship?	yesno
		partner_prev_preg_outcome	Give outcome of pregnancy from partner's previous relationship	1, Live birth 2, Miscarriage 3, Termination
		partner_prev_preg_problems	Any problems with pregnancy from partner's previous relationship?	1, Birth defects 2, Genetic disorder 3, Stillbirth 4, Miscarriage
		partner_infertility	Has partner had infertility in previous relationship?	yesno

partner_repro_history	Any history of the following?	1, Prostatitis 2, Epididymitis 3, Orchitis 4, Previous vasectomy 5, Testicular tumor 6, Injury to testes 7, Undescended testicles 8, Gonorrhea 9, Chlamydia 10, Syphilis 11, Nonspecific urethritis 12, Difficulty with erection 13, Difficulty with ejaculation 14, Exposure to radiation 15, Exposure to chemicals 16, Exposure to toxic substances 17, Exposure to high temperatures	
partner_med_history	Medical history of Partner	1, High Blood Pressure 2, Heart Disease 3, High Cholesterol 4, Diabetes 5, Thyroid Disease/problems 6, Uterine cancer 7, Cervix cancer 8, Breast Cancer 9, Ovarian Cancer 10, Lupus 11, Asthma 12, Sickle Cell Trait 13, Sickle Cell Disease 14, Ulcerative colitis or irritable bowel 15, Autoimmune disorder 16, Difficulty getting pregnant 17, Abnormal uterus shape 18, Sexually transmitted infections 19, Major trauma/Domestic violence 20, Endometriosis 21, Alcohol Abuse 22, Depression 23, Anxiety/panic attacks 24, Eating disorder 25, Rheumatoid Arthritis	
partner_surgical_history	Has partner had any major surgical procedures?	yesno	
partner_caffeine	How many cups of caffeine does your partner drink a day?	text	
partner_cigarettes	Many many cigarettes does your partner smoke a day?	text	
partner_alcohol	How much alcohol does your partner drink per week?	text	
partner_substances	Does your partner take any illicit substances?	text	
partner_medications	Partner medication list	text	
partner_allergies	Partner allergy list	text	
FPMRS Pt: Have received the following	urodynamics	Urodynamics	yesno
	cytосcopy	Cytосcopy	yesno
	scan	CT scan/MRI/ultrasound of the kidneys or bladder	yesno
	physical_therapy_FPMRS pt	Physical Therapy	yesno

	medications_FPMRSpt	Medications	0, None 1, Oxybutynin (Ditropan) 2, Tolterodine (Detrol) 3, Solifenacin (VESicare) 4, Fesoterodine (Toviaz) 5, Darifenacin (Enablex) 6, Irospium (Sanctura) 7, Mirabegron (Myrbetriq) 8, Other
	hysterectomy_FPMRSpt	Hysterectomy	yesno
	hysterectomy_type	Hysterectomy type	1, Abdominal incision 2, Laparoscopic 3, Vaginal
	hyster_ovaries_removed	What was removed in hysterectomy	1, Both ovaries were removed 2, Right ovary was removed 3, Left ovary was removed
	surgical_ovary_removal	Removal of ovaries as separate surgery	yesno
	ovary_removal_type	Ovary removal surgery type	1, Abdominal incision 2, Laparoscopic
	surgical_ovaries_removed	What was removed in ovary removal surgery	1, Both ovaries were removed 2, Right ovary was removed 3, Left ovary was removed
	laparoscopy_FPMRSpt	Laparoscopy	yesno
	explor_laparotomy	Exploratory laparotomy	yesno
	tubal_ligation	Tubal ligation	yesno
	prolapse_surgery	Prolapse surgery	yesno
	prolapse_surgery_type	Prolapse surgery type	1, Vaginal suspension 2, Cystocele repair 3, Rectocele repair 4, Unsure
	prolapse_surgery_mesh	Was mesh used in prolapse surgery	1, Yes 2, No 3, Unsure
	incontinence_surgery	Incontinence surgery	yesno
	incontinence_surgery_type	Incontinence surgery type	1, Suburethral sling 2, Burch/MMK 3, Urethral bulking 4, Botox injections to bladder 5, Unsure
	adnominal_surgeries	Other Abdominal Surgeries	1, Appendectomy 2, Gallbladder surgery 3, Bowel surgery 4, Abdominoplasty 5, Other
Rehab Pt: Pain	pain_where	Where is your pain?	text
	pain_when	When did your pain start?	text
	pain_type	How would you describe your pain?	1, Aching 2, Sharp 3, Burning 4, Stabbing 5, Shooting 6, Numbness 7, Tingling
	pain_travel	Does the pain travel to another area of your body?	yesno
	pain_affects	In what way does the pain affect your ability to do things?	1, Work 2, Childcare 3, Have sex 4, Exercise 5, other
Rehab Pt: Prior Treatment	physical_therapy_rehabpt	Prior Physical Therapy for this pain	yesno
	medications	Prior Medications for this pain	text
	procedures	Prior Tests/procedures for this pain	text
	other_prior_treatment	Other prior treatments for this pain	1, Acupuncture 2, Chiropractor 3, Neurology 4, Dermatology 5, Other

Return Pt: Since your last visit	returnpatient_medprob	Have you been diagnosed with any new medical problems?	yesno	
	returnpatient_operations	Have you had any new operations?	yesno	
	returnpatient_allergies	Have you developed any new allergies?	yesno	
	returnpatient_change_period	Have you experienced a change in your menstrual period?	yesno	
	returnpatient_missed_period	Have you missed any periods?	yesno	
	returnpatient_pregnant	Do you think you might be pregnant?	yesno	
	returnpatient_bc	Have you changed methods of birth control?	yesno	
	returnpatient_symptoms	Are you having any of these problems?	1, Vaginal discharge/itchy/odor 2, Pain during intercourse 3, Abdominal or pelvic pain 4, Problems with urination 5, Bowel problems 6, Change in breasts 7, Breast lumps 8, Breast discharge	
returnpatient_family	Have there been any changes in the health of your close family?	yesno		
Current OB Patient	OB Patient	currently_pregnant	Is the patient currently pregnant	yesno
		GA_current	Current Gestational Age this pregnancy	text
		prepregnancy_weight	Pre Pregnancy Weight (lbs)	text
		cum_weight_gain	Cumulative Weight Gain this pregnancy (lbs)	text
		preg_comp_current	Any current complications with this pregnancy?	1, Diabetes 2, High Blood Pressure 3, Toxemia (Preeclampsia) 4, Pre-term labor 5, Abnormal Pap 6, Antepartem Bleeding 7, Sexually transmitted Infection 8, Urinary Tract Infection 9, Bacterial Vaginosis 10, Fibroids 11, IVF 12, Other
		EDD	Estimated Date of Delivery (EDD or EDC)	text
	Perinatal Ultrasound Report	date_ultrasound	Date of Ultrasound	text
		us_indication	Indication from US Report	text
		us_gdm	Gestational Diabetes Mellitus (GDM)	yesno
		us_presentation	Presentation from US Report	1, Cephalic 2, Breech 3, Other
		us_placenta	Placental position from US Report	1, Posterior 2, Anterior 3, Other
		us_amniotic fluid	Amniotic fluid from US Report	1, Normal 2, Abnormal
		us_bpd	Fetal Biometry: Biparietal diameter (BPD) in mm	text
		ud_ofd	Fetal Biometry: Occipitofrontal diameter (OFD) in mm	text
		us_hc	Fetal Biometry: Head circumference (HC) in mm	text
us_efw	Fetal Biometry: Estimated Fetal Weight (EFW) in lb	text		

	us_mvp	Fetal Biometry: Maximum Vertical pocket (MVP) in cm	text
	us_afi	Fetal Biometry: Amniotic fluid index (AFI) in cm	text
	us_ac	Fetal Biometry: Abdominal Circumference (AC) in mm	text
	us_femur	Fetal Biometry: Femur Length (FL) in mm	text
	us_fhr	Fetal Biometry: Fetal Heart Rate in bpm	text
Delivery	delivery_date	Date of Delivery	text
	GA_delivery	Gestational Age at Delivery	text
	total_weight_gain	Total Weight Gain during pregnancy	text
	gestation	Number of babies in womb	text
	sex_baby	Sex of Baby	1, Male 2, Female 3, Multiple Gestation
	time_birth	Time of Birth	text
	meconium	Meconium	yesno
	apgar_1min	1 min Apgar Score	text
	apgar_5min	5 min Apgar Scpre	text
	regional_anesthesia	Regional Anesthesia in delivery	1, Spinal 2, Epidural
	preg_comp_deliveryvisit	Complications this pregnancy	1, Diabetes 2, High Blood Pressure 3, Toxemia (Preeclampsia) 4, Pre-term labor 5, Abnormal Pap 6, Antepartem Bleeding 7, Sexually transmitted Infection 8, Urinary Tract Infection 9, Bacterial Vaginosis 10, Fibroids 11, IVF 12, Other
	breastfeeding_education	Breastfeeding Education	yesno
	braden_scale	Braden Scale Total	text
	ROM	ROM method	text
	oxytocin	Oxytocin used to induce labor?	yesno
	time_labor	Total Hours in labor	text
	laceration_delivery	Laceration	0, None 1, Perineal 2, Vaginal 3, Hematoma 4, Cervical 5, Other
	method_delivery	Method of Delivery	1, Vaginal 2, C-Section
	forceps_vacuum	Vaginal Method of Delivery	0, None 1, Forceps 2, Vaccuum
	cesarean_indication	Primary indication for C-section	text
	VBAC_attempted	VBAC attempted?	yesno
	shoulder_dystocia	Shoulder Dystocia?	yesno
	presentation	Baby presentation	1, Cephalic 2, Breech 3, Other
delivery_complications	Complication of Labor & Delivery	0, None listed 1, Prolapse of Cord 2, Other Cord Abnormality 3, Fetal heart Rate 4, Polyhydramnios 5, Shoulder Dystocia 6, Inversion of Uterus 7, Other	

		delivery_outcome	Delivery Outcome	1, Liveborn, Full term 2, Liveborn, Preterm 3, Stillborn 4, Spontaneous AB 5, Elective AB 6, Miscarriage 7, Ectopic 8, Molar 9, Blighted
		neontal_death	Neonatal Death?	yesno
		birthweight	Birth Weight (lbs)	text
		baby_length	Length of Baby (in)	text
		infant_complications	Infant Complications?	yesno
Lab Values from Today's Visit	Electrolytes	sodium	Sodium	text
		potassium	Potassium	text
		chloride	Chloride	text
		co2	Carbon Dioxide	text
		anion	Anion Gap	text
		osmolality	Osmolality, Calculated	text
	Organic/Inorganic	glucose	Glucose	text
		bun	Blood Urea Nitrogen	text
		creatinine	Creatinine	text
		bun_creat_ratio	BUN/Creat Ratio	text
		gfr_nonAA	Estimated GFR, Non African American	text
		gfr_AA	Estimated GFR, African American	text
		protein	Protein Total	text
		albumin	Albumin Level	text
		bilirubin	Bilirubin Total	text
		calcium	Calcium Level Total	text
		phosphorus	Phosphorus Level	text
		magnesium	Magnesium Level	text
		uric_acid	Uric Acid	text
	Enzymes Other	alanine	Alanine Aminotransferase	text
		alkaline	Alkanine Phosphatase	text
		aspartate	Aspartate Aminotransferase	text
	Lipids	cholesterol	Cholesterol Level Total	text
		triglyceride	Triglyceride	text
		HDL	HDL Cholesterol	text
		nonHDL	Non-HDL Cholesterol	text
		LDL	LDL Cholesterol	text
		VLDL	VLDL Cholesterol	text
	Parathyroid Studies	parathormone	Parathormone	text
Thyroid Stuides	thyroid_stim_hormone	Thyroid Stimulating Hormone	text	
	thyroxine	Thyroxine Free	text	
	tsh_reflex	TSH Reflex Order	text	
	thyroglobulin_ab	Thyroglobulin Antibody	text	
Endocrinology	cortisol	Cortisol	text	

	adrenocortico	Adrenocorticotropic Hormone Level	text
	fsh	Follicle Stimulating Hormone (FSH) Level	text
	LH	Luteinizing Hormone (LH) Level	text
	antimullerian	Anti-Mullerian Hormone (AMH)	text
	prolactin	Prolactin	text
	estrodial	Estrodial (E2)	text
	free_estradiol	Free Estradiol	text
	total_estradiol	Total Estradiol	text
	progesterone	Progesterone (P4)	text
	HGH	Human Growth Hormone (HGH)	text
	IGF1	Somatomedin C (IGF-1)	text
	IGF1_zscore	Somatomedin C (IGF-1) Z Score	text
	alpha_subunit	Alpha Subunit	text
Hematology	wbc	White Blood Cell Count	text
	rbc	Red Blood Cell Count	text
	hemoglobin	Hemoglobin	text
	hematocrit	Hematocrit	text
	mcv	MCV	text
	mch	MCH	text
	mchc	MCHC	text
	rc_width_cv	Red Cell Distribution Width-CV	text
	rc_width_sd	Red Cell Distribution Width-SD	text
	platelet_count	Platelet Count	text
	mean_platelet_vol	Mean Platelet Volume	text
	whole_blood_glucose_poc t	Whole Blood Glucose POCT	text
	Automated Differential	neutrophil	Neutrophil
lymphocyte		Lymphocyte	text
monocyte		Monocyte	text
eosinophil		Eosinophil	text
basophil		Basophil	text
immature_gran		Immature Granulocyte	text
absolute_neutrophil		Absolute Neutrophil	text
absolute_lymphocyte		Absolute Lymphocyte	text
absolute_monocyte		Absolute Monocyte	text
absolute_eosinophils		Absolute Eosinophils	text
absolute_basophils		Absolute Basophils	text
absolute_immature_gran		Absolute Immature Granulocyte	text
Hemoglobin	hemo_a2	Hemoglobin A2	text
	hemo_capillary_electro	Hemoglobin Capillary Electrophoresis	text

	sickle_cell_sol	Sickle Cell Solubility	text
	hemo_c	Hemoglobin C	text
	hemo_fetal	Hemoglobin Fetal	text
	hemo_electro	Hemoglobin Electrophoresis	text
	hemo_s	Hemoglobin S	text
	hemo_e	Hemoglobin Electrophoresis	text
	hemo_a1	Hemoglobin A1	text
	hemo_a1c	Hemoglobin A1C	text
	hemo_a1c_poct	Hemoglobin A1C POCT	text
	hemo_other	Hemoglobin Other	text
Anemia Studies	iron	Iron Level	text
	tibc	TIBC	text
	uibc	UIBC	text
	percent_saturation	% Saturation	text
	ferritin	Ferritin Level	text
Urinalysis	color_urine	Color	text
	clarity_urine	Clarity	text
	specific_grav_urine	Specific Gravity Urine	text
	ph_urine_random	pH Urine Random	text
	protein_urine	Protein Urine Qualitative	text
	glucose_urine	Glucose Urine Qualitative	text
	ketone_urine	Ketone Urine Qualitative	text
	blood_urine	Blood Urine Qualitative	text
	urobilinogen_urine	Urobilinogen Urine Qualitative	text
	nitrite_urine	Nitrate Urine Qualitative	text
	leukocyte_urine	Leukocyte Esterase Urine Qualitative	text
	bilirubin_urine	Bilirubin Urine Qualitative	text
	color_poct	Color POCT	text
	clarity_poct	Clarity POCT	text
	specific_grav_urine_poct	Specific Gravity Urine POCT	text
	ph_urine_random_poct	pH Urine Random POCT	text
	protein_urine_poct	Protein Urine Qualitative POCT	text
	glucose_urine_poct	Glucose Urine Qualitative POCT	text
	ketone_urine_poct	Ketone Urine Qualitative POCT	text
	blood_urine_poct	Blood Urine Qualitative POCT	text
	urobilinogen_urine_poct	Urobilinogen Urine Qualitative POCT	text
	nitrate_urine_poct	Nitrate Urine Qualitative POCT	text
	leukocyte_urine_poct	Leukocyte Esterase Urine Qualitative POCT	text
	bilirubin_urine_poct	Bilirubin Urine Qualitative POCT	text
	wbc_poct	WBC POCT	text

	rbc_poct	RBC POCT	text
	squamous_epithelial_poct	Squamous Epithelial Cells POCT	text
	renal_epithelial_poct	Renal Epithelial Cells POCT	text
	transitional_epithelial_poct	Transitional Epithelial Cells POCT	text
	mucus_poct	Mucus POCT	text
	amorphous_poct	Amorphous POCT	text
	granular_poct	Granular Cast POCT	text
	hyaline_poct	Hyaline Cast POCT	text
	wbc_cast_poct	WBC Cast POCT	text
	waxy_cast_poct	Waxy Cast POCT	text
	rbc_cast_poct	RBC Cast POCT	text
	oval_fat_poct	Oval Fat Bodies POCT	text
	uric_acid_crystals_poct	Uric Acid Crystals POCT	text
	triple_phosphate_poct	Triple Phosphate POCT	text
	yeast_poct	Yeast POCT	text
	trichomonads_poct	Trichomonads POCT	text
	bacteria_poct	Bacteria POCT	text
Urine Random Studies	creatinine_urine_random	Creatinine Urine Random	text
	protein_urine_random	Protein Urine Random	text
	protein_creat_ratio_random	Protein/Creatinine Ratio Urine	text
	albumin_urine_random	Albumin Level Urine Random	text
	albumin_creat_ratio	Albumin/Creatinine Ratio Urine	text
Urine Timed Studies	time_urine	Time	text
	totalvol_urine	Total Volume	text
	creatinine_urine_timed	Creatinine Urine/24 hr	text
	protein_urine_timed	Protein Urine 24 Hour	text
Maternal Serum Alpha Fetoprotein Test	afp_pt	AFP Patient	text
	afp_int	AFP Interpretation	text
	afp_mom	AFP MoM	text
	afp_dating	Dating	text
	afp_diab	Diabetes	text
	afp_edd	Estimated Date of Delivery (EDD)	text
	afp_family_aneuploidy	Family History of Aneuploidy	text
	afp_fetus_no	Fetus Number	text
	afp_gestage	Gestational Age	text
	afp_ntd	Neural Tube Defects (NTD)	text
	afp_matage	Maternal Age	text
	afp_matrace	Maternal Race	text
	afp_mweight	Maternal Weight	text
	afp_specimen	Specimen	text

Glucose Testing	glucose_rapid	Glucose Rapid Gestational Screen	text
	glucose_fasting	Glucose, Fasting	text
	glucose_1hour	Glucose 1 Hour	text
	glucose_2hour	Glucose 2 Hour	text
	glucose_3hour	Glucose 3 Hour	text
Other Prenatal Labs	blood_type	Blood Type - ABO Rh Interp	text
	absc_interp	Antibody Screen (ABSC) Interp	text
	syphilis_screen	Syphilis (RPR)	text
	chlam_screen	Chlamydia trachomatis RNA	text
	gc_screen	Neisseria gonorrhoeae RNA	text
	trichomonas	Trichomonas vaginalis RNA	text
	HIV_screen	HIV Antigen/Antibody Combo	text
	HepB_antigen	Hepatitis B Surface Antigen	text
	HepB_coreantibody	Hepatitis B Core Antibody Total	text
	HepC_screen	Hepatitis C Antibody	text
	rubella_screen	Rubella Antibody IgG	text
	varicella_screen	Varicella Zoster	text
	gbs_swab	Group Beta Strep (GBS)	text
	ppd	PPD (Tuberculosis)	text
	HIV_exposure	HIV+ Exposure	text
	HIV_results	HIV+ Results	text
	pap_test	Pap test	text
	urine_pregnancy	Urine Pregnancy POCT	text
	hcg_quant	Beta Human Chorionic Gonadotropin (hCG) Quant	text
	hcg_qual	Beta hCG Urine Qualitative	text
wet_prep	Wet Prep	text	
urine_drug	Urine Drug Screen	text	
urine_culture	Urine Culture	text	