



Medi-Cal Managed Care
Pregnancy Assessment Form
Third Trimester – Re-Assessment

Name: _____ Date of Birth _____ Date of Services: _____

Language Spoken: _____ Interpreter Name: _____

Nursing Intake

Age: _____ Pre-pregnancy weight: _____

G: _____ P: _____ Ab: _____ EDC: _____

Height: _____ Weight: _____ BMI: _____

BP: _____ Temperature: _____ Pulse: _____ Respiration _____

Allergies: _____ Hospital for Delivery: _____

Provider Information

PCP: _____ Family Supportive: [] Yes [] No

PCP notified: [] Yes [] No

Required Documentation (check when completed)

- [] Risk factors updated
[] Lab results updated
[] Physical exam updated if necessary
[] Final labs ordered
[] ETOH [] Drugs [] Smoking - How much: _____

Social Support

- Has supplies for baby: [] Yes [] No
Support System: [] Yes [] No Who: _____
Living arrangements: [] Apt. [] Home [] Hotel [] Other
Baby's father involved/supportive: [] Yes [] No
Exposed to violence/abuse: [] Yes [] No
Transportation: [] Yes [] No Working: [] Yes [] No

Nutrition

- [] Plan on breastfeeding [] Plan on bottle feeding
How many meals per day? _____ Does she have money for food? [] Yes [] No Compliant with WIC? [] Yes [] No
Document changes from initial assessment: _____

Psychosocial (document changes in area of concern from social support section, depression, and feelings about pregnancy):

Individual Care Plan (update risk factor assessments, interventions, and outcomes since initial assessments):

Stop Smoking

- [] Advise smoker to quit [] Discuss smoking cessation medication [] Discuss smoking cessation strategies

Referrals

- [] Pediatrician name: _____
[] Domestic violence program [] Infant car seat program [] Renew prenatal vitamins/folic acid
[] Housing/emergency shelter [] Gestational diabetes education [] Drug abuse program
[] BTL papers (PM 330) [] Genetic counseling [] UniCare case manager/outreach staff
[] Community-based organization for baby supplies [] Hospital tour/registration

Health Education

- Given health education material on : _____
[] Obesity, eating disorders, diets [] Educate mother on infant health coverage/social worker
[] Risk: abuse, drug use, sexual education [] Childbirth classes
[] Breast self-exam, breastfeeding, formula feeding [] Family planning after delivery
[] Postpartum visit required 21-56 days after delivery

Failed Appointments in Second Trimester

1. Date: _____ [] Card sent/call 2. Date: _____ [] Card sent/call 3. Date: _____ [] Card sent/call

Delivery Date: [] Vaginal [] C-Section Postpartum Date (21 to 56 days after delivery) _____

Signature: _____ Date: _____