

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: Yes No If Yes, list: _____

Dental in last year: Yes No

Planned Pregnancy: Yes No Does family know of pregnancy? Yes No

Does Father of Baby know of pregnancy? Yes No

Provider Information

PCP Name: _____ Family Supportive: Yes No

PCP notified: Yes No

Required Documentation (check when completed)

- Risk factors updated
- Lab results updated
- Physical exam updated if necessary
- OB Notification form faxed (if not done previously)

Social Support

- Support System: Yes No Who: _____
- Living arrangements: Apt. Home Hotel Other
- Baby's father involved/supportive: Yes No
- Exposed to violence/abuse: Yes No
- ETOH Drugs Smoking - How much: _____
- 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

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

Individual Care Plan (document for risk factor assessments, interventions, and outcomes):

Stop Smoking

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

Referrals

- Pediatrician name: _____
- WIC Food stamps Prenatal vitamins/folic acid
- TANF Infant car seat program Dental referral
- Domestic violence program Housing/emergency shelter Drug abuse program
- Anthem Blue Cross care management/outreach

Health Education

Given health education material on :

- "Welcome to Pregnancy Care" brochure Obesity, eating disorders, diets
- Risk: abuse, drug use, sexual education Breast self-exam, breastfeeding, formula feeding

Failed Appointments in First Trimester

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

Next trimester reassessment date due on: _____

Signature of person completing form

Date