***Practice Name:** _____

Practice Phone Number: _____

***Today's Date:** _____ /_____/ _____

Date of next prenatal appointment:_____/_____/_____

Care Management for High-Risk Pregnancies (CMHRP) Pregnancy Risk Screening Form

Date of birth:_____/_____/_____

First name:_____MI_____Last name: _____

***EDC:**___/____/_____*Determined by what criteria*: ❑ LMP ❑ 1st trimester U/S ❑ 2nd trimester U/S

Height:____ft___in Pre-pregnancy weight:_____ Gravidity:_____Parity:_____T_____P_____A_____L

Insurance type: ❑ Medicaid (includes Presumptive) ❑Private ❑None

Medicaid ID#:_____ PHP Name: _____

*CURRENT PREGNANCY

- ❑ Multifetal Gestation
- ❑ Fetal complications:
  - ❑ Fetal anomaly
  - ❑ Fetal chromosomal abnormality
  - ❑ Intrauterine growth restriction (IUGR)
  - ❑ Oligohydramnios
  - ❑ Polyhydramnios
  - ❑ Other(s):_____
- ❑ Chronic condition which may complicate pregnancy:
  - ❑ Diabetes
  - ❑ Hypertension
  - ❑ Asthma
  - ❑ Mental illness
  - ❑ HIV
  - ❑ Seizure disorder
  - ❑ Renal disease
  - ❑ Systemic lupus erythematosus
  - ❑ Other(s):_____
- ❑ Current use of drugs or alcohol/recent drug use or heavy alcohol use in month prior to learning of pregnancy
- ❑ Late entry into prenatal care (>14 weeks)
- ❑ Hospital utilization in the antepartum period
- ❑ Missed 2+ prenatal appointments
- ❑ Cervical insufficiency
- ❑ Gestational diabetes
- ❑ Vaginal bleeding in 2nd trimester
- ❑ Hypertensive disorders of pregnancy
  - ❑ Preeclampsia
  - ❑ Gestational hypertension
- ❑ Short interpregnancy interval (<12 months between last live birth and current pregnancy)
- ❑ Current sexually transmitted infection
- ❑ Recurrent urinary tract infections (>2 in past 6 months, >5 in past 2 years)
- ❑ Non-English speaking
  - Primary language: _____
- ❑ Positive depression screening
  - ○ Tool used:_____
  - ○ Score = _____

For LHD Use Only: Date RSF was received:_____

*Date RSF was entered: _____

*OBSTETRIC HISTORY

❑ Preterm birth (<37 completed weeks)
Gestational age(s) of previous preterm birth(s):
_____weeks,_____weeks,_____weeks

❑ **At least one <u>spontaneous</u> preterm labor and/or rupture of the membranes**
**If this is a singleton gestation, this patient is eligible for 17P treatment.*

- ❑ Low birth weight (<2500g)
- ❑ Fetal death >20 weeks
- ❑ Neonatal death (within first 28 days of life)
- ❑ Second trimester pregnancy loss
- ❑ Three or more first trimester pregnancy losses
- ❑ Cervical insufficiency
- ❑ Gestational diabetes
- ❑ Postpartum depression
- ❑ Hypertensive disorders of pregnancy
  - ❑ Eclampsia
  - ❑ Preeclampsia
  - ❑ Gestational hypertension
  - ❑ HELLP syndrome

❑ **Provider requests care management**
Reason(s):_____

Provider Comments/Notes: _____

*Person Completing Form: _____
*Credentials: _____
*Signature: _____

*Required fields

Care Management for High-Risk Pregnancies (CMHRP) Pregnancy Risk Screening Form

Complete this side of the form as honestly as possible and give it to your nurse or doctor. The information you provide allows us to coordinate services with the care manager and provide the best care for you and your baby.

Name:_____ Date of birth:_____ Today's date: _____

Physical Address:_____ City:_____ ZIP:_____

Mailing Address (if different):_____ City:_____ ZIP:_____

County:_____ Home phone number:_____ Work phone number: _____

Cell phone number:_____ Social security number (if available): _____

Race: ❑ American-Indian or Alaska Native ❑ Asian ❑ Black/African-American
❑ Pacific Islander/Native Hawaiian ❑ White ❑ Other (specify):_____

Ethnicity: ❑ Not Hispanic ❑ Cuban ❑ Mexican ❑ Puerto Rican ❑ Other Hispanic

Education: ❑ Less than high school diploma ❑ GED or high school diploma ❑ Some college ❑ College graduate

1. Thinking back to <u>just before you got pregnant</u>, how did you feel about becoming pregnant?
   - ❑ I wanted to be pregnant sooner
   - ❑ I wanted to be pregnant now
   - ❑ I wanted to be pregnant later
   - ❑ I did not want to be pregnant then or any time in the future
   - ❑ I don't know
2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone? ❑ Yes ❑ No
3. Are you in a relationship with a person who threatens or physically hurts you? ❑ Yes ❑ No
4. Has anyone forced you to have sexual activities that made you feel uncomfortable? ❑ Yes ❑ No
5. In the last 12 months were you ever hungry but didn't eat because you couldn't afford enough food? ❑ Yes ❑ No
6. Is your living situation unsafe or unstable? ❑ Yes ❑ No
7. Which statement best describes your smoking status? Check <u>one</u> answer.
   - ❑ I have never smoked, or have smoked less than 100 cigarettes in my lifetime
   - ❑ I stopped smoking BEFORE I found out I was pregnant and am not smoking now
   - ❑ I stopped smoking AFTER I found out I was pregnant and am not smoking now
   - ❑ I smoke now but have cut down some since I found out I was pregnant
   - ❑ I smoke about the same amount now as I did before I found out I was pregnant
8. Did any of your parents have a problem with alcohol or other drug use? ❑ Yes ❑ No
9. Do any of your friends have a problem with alcohol or other drug use? ❑ Yes ❑ No
10. Does your partner have a problem with alcohol or other drug use? ❑ Yes ❑ No
11. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications? ❑ Yes ❑ No
12. Before you knew you were pregnant, how often did you drink any alcohol, including beer or wine, or use other drugs? ❑ Not at all ❑ Rarely ❑ Sometimes ❑ Frequently
13. In the past month, how often did you drink any alcohol, including beer or wine, or use other drugs? ❑ Not at all ❑ Rarely ❑ Sometimes ❑ Frequently

*Required fields