



**Pregnancy Risk Assessment
1st Trimester**

Submitted By:

PRN-1st

Mr. Name:

Contact #:

Mr. ID#:

Mr. Age:

Weeks of Gestation:

Is this your first pregnancy?	
Have you ever had a miscarriage?	
Have you ever aborted a pregnancy?	
Have you ever had a baby that was not living at birth?	
**Have you delivered a premature baby (under 35 weeks) or a full term baby that was under 5 lbs?	
**Have you ever been told you have high sugar or diabetes?	
**Have you ever been hospitalized for premature labor?	
**Do you have a history of high blood pressure?	
Have you used any street or recreational drugs within the past two years?	
Are you a smoker?	
Do you drink alcohol?	
Were you taking any prescribed medication prior to finding out you were pregnant?	
In the past month, have you often been worried by feeling down or without hope?	
In the past month, have you often been worried by little interest or joy in doing things?	
Have you made an appointment with an OB/GYN?	

Disposition of case:

Member referred to case management Y or N

All members under the age of 14 **must** be referred to case management

** If these questions are answered **YES**. Refer to case management.