



HARMONY
 HEALTH PLAN
 Pregnancy Risk Assessment
 2nd and 3rd Trimester

Submitted By:

PRN-2nd & 3rd

Mbr. Name: _____ **Contact #:** _____
Mbr. ID: _____
Mbr. Age: _____
Weeks of Gestation: _____
Trimester: 2nd or 3rd (circle appropriate response)

Are you eating three meals a day?	
Are your legs swollen?	
Are you using any street or recreational drugs?	
Are you smoking	
Are you drinking alcohol?	
**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?	
**Do you have a history of high blood pressure?	
**Have you ever been hospitalized for premature labor?	
** Have you been diagnosed with any heart or seizure disorders?	
** Are you currently taking any heart or seizure medication?	
Are you taking any other prescribed medication?	
Are you having any of the following symptoms that required a visit to the doctor or required hospitalization?	
**Have you had to make a trip to the hospital for any vaginal bleeding?	
** Have you had to make a trip to the hospital for pressure or pain in the stomach or cramping?	
Frequent urination?	
Increased pressure in back/bottom?	
Have you been diagnosed with high blood pressure because of your pregnancy?	
Trouble seeing?	
Headaches?	
Chills or fever?	
**Have you had to make a trip to the hospital for vomiting?	
Baby moving around more?	
Baby moving around less?	
**Have you ever delivered twins or triplets?	
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 been going to you OB/GYN appointments?	

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.