

Grid for Provider Chart #

Current Medical Conditions/Risks

Table with columns for Yes, No, Unk, On Meds, Patient History for various conditions like Neurological Condition, Seizures, Depression/Mental Illness, Asthma, Tuberculosis, Cystic Fibrosis, Heart Condition, Chronic Hypertension, Thalassemia, Phlebitis/DVT, Anemia, Blood Dyscrasia, Diabetes, Insulin Dependent, Thyroid Disease, Sickle Cell Trait, Liver Disease, Renal Disease, Lupus, Cancer, Uterine Abnormalities, Congenital Abnormalities, Abnormal Pap Smear, STD, Allergies, Sensitive/Bleeding Issues, 2nd or 3rd Hand Smoke, Home Built Before, Dental Visit w/in the Year, HIV Positive, AIDS, HIV Test Refused.

Psychosocial Risk Factors

Table with columns for Yes, No, Unk for factors like Disabled, Homeless, Unstable Housing, Transportation, Eating Disorder, Nutritional Concerns, Unplanned Pregnancy, Perinatal Depression, Domestic Violence, Education <12 Years, Unemployed/Inadequate Income, Husband/Partner is Unemployed, Inadequate Social Support, Currently in Foster Care, Reasons for Late Entry to Prenatal Care.

Smoking/Tobacco Use

Form for Smoking/Tobacco Use: How many cigarettes OR packs did you smoke per day in the three months before pregnancy? Includes checkboxes for Cigarettes and Packs.

4Ps Plus

Form for 4Ps Plus: Did either of your parents have a problem with drugs or alcohol? Have you ever felt manipulated by your partner? Have you ever felt out of control or helpless? Includes checkboxes for Yes/No and a box for 'If Any is checked, continue with the 4Ps Follow-Up Questions'.

4Ps Plus Follow-up Questions (if Any above were checked)

Table for 4Ps Plus Follow-up Questions: In the month before you knew you were pregnant, how many days a week did you usually drink beer/wine/liquor or use any drug such as marijuana, cocaine or heroin? Columns: Referred for Assessment (Every Day, 3-6 Days/Wk), Prevention Education (1-2 Days/Wk, <1 Day/Wk), No Referral Needed (Did Not Drink/Use Drugs).

Referral/Education

Table for Referral/Education: Columns for Referred, Receiving Services, Referral Needed, Refused, Not Needed for services like Tobacco Cessation, Childbirth Education, Breastfeeding Consult, Emergency Assistance, TANF/GA, WIC, SSI, DCP&P, Food Stamps, Dental Referral.

Medications/Comments section with multiple lines for text entry.

* Includes referrals to local Community Health Worker, Community Home Visiting and other supportive services