

MARYLAND PRENATAL RISK ASSESSMENT

REFER TO INSTRUCTIONS ON BACK BEFORE STARTING

Today's Date: / /

NPI#-10 digits:

DEMOGRAPHIC INFORMATION	Provider Name:		Provider Phone Number:		-	-
	Client Last Name:		First Name:		Middle:	
	House Number:	Street Name:		Apt:	City:	
	County (If patient lives in Baltimore City, leave blank):			State:	Zip Code:	
	Home Phone#:	-	-	Cell Phone#:	-	-
	SSN:	-	-	DOB:	/ /	
	Race:		Educational Level:		Payment Status (Mark all that apply):	
	African American or Black		Highest grade completed:		Private Insurance. Specify:	
	Alaskan Native American Native		Currently in school? Yes No		MA/Health Choice	
	Asian More than 1 Race		GED? Yes No		MA #:	
Native Hawaiian or other Pacific Islander				Name of MCO (if applicable):		
Unknown White				Applied for MA Specify Date: / /		
Language Barrier? Yes No Specify Primary Language				Uninsured		
Hispanic? Yes No				Unknown		
Marital Status: Married Unmarried Unknown						
ASSESSMENT INFORMATION	Date of initial prenatal visit: / /		OB History: Check all that apply			
	Transferred from other source of prenatal care? Yes No		Complete all that apply			
	If YES, date care began: / /		# Full-term live births History of pre-term labor			
	Other source of prenatal care:		# Pre-term live births History of fetal death (> 20 wks)			
	Trimester of 1st prenatal visit: 1st 2nd 3rd		# Prior LBW births History of infant death w/in 1 yr of age			
	LMP: / / Initial EDC: / /		# Spontaneous abortions History of multiple gestation			
			# Therapeutic abortions History of infertility treatment			
			# Fetopic pregnancies			
			# Children now living			
Psychosocial Risks: Check all that apply.			Medical Risks: Check all that apply.			
Current pregnancy intended			Current Medical Conditions of this Pregnancy:			
Less than 1 year since last delivery			Age ≤ 15 or age ≥ 45			
Late registration (more than 20 weeks gestation)			BMI < 18.5 or BMI > 30			
Disability (mental/physical/developmental), Specify			Hypertension (> 140/90)			
Current history of abuse/violence			Anemia (Hgb < 10 or Hct < 30)			
Tobacco use, Amount			Asthma			
Alcohol use, Amount			Sickle cell disease			
Drug use (specify in comment box)			Diabetes: Insulin dependent Yes No			
Resides in home built prior to 1978, Rent Own			Vaginal bleeding (after 12 weeks)			
Homelessness			Genetic risk			
Lack of social/emotional support			Sexually transmitted disease, Specify			
Exposure to long-term stress			Poor oral hygiene			
Lack of transportation			Prescription drugs, Specify			
Other psychosocial risk (specify in comments box)			History of depression/mental illness, Specify			
COMMENTS ON PSYCHOSOCIAL RISKS:			Depression assessment completed? Yes No			
			Other medical risk (specify in comments box)			
			COMMENTS ON MEDICAL RISKS:			

Form Completed By:

Date Form Completed: / /

DHMH 4850

revised 05/01/07

DO NOT WRITE IN THIS SPACE

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CENTRAL OFFICE COPY 1

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Maryland Prenatal Risk Assessment Form Instructions

Purpose of Form: Identifies pregnant woman who may benefit from local health department **Healthy Start** services and serves as the referral mechanism. Healthy Start services complement medical care and may be provided by public health nurses and social workers through the local health departments. Services may include resource linkage, psychosocial/environmental assessment, reinforcement of the medical plan of care, and other related services.

Form Instructions: On the initial visit the provider/staff will complete the registration and assessment sections for ALL pregnant women enrolled in Medicaid at registration and those applying for Medicaid through the Maryland Children's Health Program (MCHP) at the initial visit.

- Print clearly, use black pen for all sections, without letters touching.
- Press firmly to imprint all copies.
- White-out previous entries on original and copies completely to make corrections.
- If a recipient does not have a social security number, indicate zeroes.
- Indicate the person completing the form.
- Review for completeness and accuracy.

Mailing and Handling Instructions:

- Do not fold, bend, or staple forms. ONLY PUNCH HOLES AT TOP OF FORM IF NECESSARY
- Store forms in a dry area.
- **Forward the top three copies to the local health department in the patient's county of residence.**
- To reorder forms call the local Healthy Start Program.

Definitions (selected): Data may come from self-report, medical records, provider observation or other sources.

RISK	DEFINITION OF RISK
Alcohol use	is a "risk-drinker" as determined by a screening tool such as MAST, CAGE, TACE or 4Ps
Current history of abuse/violence	includes physical, psychological abuse or violence within the client's environment in the past year
Exposure to long-term stress	for example: partner-related, financial, safety, emotional
Genetic risk	at risk for a genetic or hereditary condition
Drug use	used illegal substances within the past month (e.g. cocaine, heroin, marijuana, PCP) or is taking methadone/buprenorphine
Lack of social/emotional support	absence of support from family/friends, isolated
Language barrier	in need of interpreter, e.g. Non-English speaking, auditory processing disability, deaf
Oral hygiene	presence of dental caries, gingivitis, tooth loss
Preterm live birth	history of preterm labor (prior to the 37th gestational week)
Prior LBW birth	low birth weight birth (under 2,500 grams)
Sickle cell disease	documented by medical records
Tobacco use	used any type of tobacco products within the past month

rev 05/01/07

Client's Local Health Department Addresses

Mailing Address	Phone Number
Allegheny County Healthy Start 12501 Willowbrook Rd S.E., P.O. Box 1745 Cumberland, MD 21502	301-759-5079
Anne Arundel County Healthy Start 3 Harry S. Truman Parkway, Ste 200 Annapolis, MD 21401	410-222-7177
Baltimore City Healthy Start 211 East Lombard Street # 353 Baltimore, Maryland 21298-6235	410-396-7318
Baltimore County Healthy Start PHN Services, 6401 York Rd, 3rd Floor Towson, MD 21212	410-887-2705
Calvert County Healthy Start 975 N. Solomons Island Rd, P.O. Box 980 Prince Frederick, MD 20678	410-535-5400
Caroline County Healthy Start 403 S. 7th St., P.O. Box 10 Denton, MD 21629	410-479-8000
Carroll County Healthy Start P.O. Box 845 Westminster, MD 21158	410-876-4942
Cecil County Healthy Start 401 Bow Street Elkton, MD 21921	410-996-5150
Charles County Healthy Start 4545 Crain Highway, P.O. Box 1050 White Plains, MD 20695	301-609-6900
Dorchester County Healthy Start 503 B Muir Street Cambridge, MD 21613	410-228-3294
Frederick County Healthy Start 350 Montevue Lane Frederick, MD 21702	301-631-3326
Garrett County Healthy Start 1025 Memorial Drive Oakland, MD 21550	301-334-7720
Harford County Healthy Start 34 N. Philadelphia Blvd Aberdeen, MD 21001	410-273-5626
Howard County Healthy Start 7178 Columbia Gateway Drive Columbia, MD 21046	410-313-7500
Kent County Healthy Start 125 S. Lynchburg Street Chestertown, MD 21620	410-778-1350
Montgomery County Healthy Start Mat/Fam Plan Serv. 1335 Piccard Drive, 2nd floor Rockville, MD 20850	240-777-1635
Prince George's County Healthy Start 9201 Basil Court, Room 403 Largo, MD 20774	301-883-7230
Queen Anne's County Healthy Start 206 N. Commerce Street Centerville, MD 21617	410-758-0720
St Mary's County Healthy Start 21580 Peabody St., P.O. Box 316 Leonardtown, MD 20650-0316	301-475-4316
Somerset County Healthy Start 7920 Crisfield Highway Westover, MD 21871	443-523-1740
Talbot County Healthy Start 100 S. Hanson Street Easton, MD 21601	410-819-5600
Washington County Healthy Start 1302 Pennsylvania Avenue Hagerstown, MD 21742	240-313-3229
Wicomico County Healthy Start 108 E. Main Street Salisbury, MD 21801	410-543-6942
Worcester County Healthy Start 9730 Healthway Drive Berlin, MD 21811	410-629-0164