



Pregnancy Assessment Form Second Trimester – Re-Assessment

Name: _____ Date of Birth _____ Date of Services: _____ Language Spoken: _____ Interpreter Name: _____

Nursing Intake

Age: _____ Pre-pregnancy weight: _____ G: _____ P: _____ Ab: _____ EDC: _____ Height: _____ Weight: _____ BMI: _____ BP: _____ Temperature: _____ Pulse: _____ Respiration _____ Allergies: _____

Provider Information

PCP: _____ PCP notified: Yes No

Required Documentation (check when completed)

- Risk factors updated
 Lab results updated
 Physical exam updated if necessary
 AFP ordered
 OB Notification form faxed (if not done previously)

Social Support

Support System: Yes No Who: _____ Living arrangements: Apt. Home Hotel Other Baby's father involved/supportive: Yes No Exposed to violence/abuse: Yes No ETOH Drugs Smoking How much: Transportation: Yes No Working: Yes No

Nutrition

Plan on breastfeeding Plan on bottle feeding Compliant with WIC? Yes No How many meals per day? _____ Does she have money for food? Yes No Document changes from initial assessment: _____

Psychosocial (document changes in area of concern from social support section, depression, and feelings about pregnancy):

Individual Care Plan (update risk factor assessments, interventions, and outcomes since initial assessments):

Stop Smoking

Advise smoker to quit Discuss smoking cessation medication Discuss smoking cessation strategies

Referrals

Pediatrician name: _____ Domestic violence program Infant car seat program Drug abuse program Housing/emergency shelter Gestational diabetes education Renew prenatal vitamins/folic acid

Health Education

Given health education material on : Obesity, eating disorders, diets Risk: abuse, drug use, sexual education Breast self-exam, breastfeeding, formula feeding

Failed Appointments in First Trimester

1. Date: _____ Card sent/call 2. Date: _____ Card sent/call 3. Date: _____ Card sent/call

Next trimester reassessment date due on : _____

Signature: _____ Date: _____