

MARYLAND PRENATAL RISK ASSESSMENT

REFER TO INSTRUCTIONS ON BACK BEFORE STARTING

Today's Date: ___ / ___ / ___

NPI#-10 digits: _____

1A
1B
1C
1D

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#: _____ - _____ - _____ Emergency Phone#: _____ - _____ - _____

SSN: _____ - _____ - _____ DOB: ___ / ___ / ___ Name & Relationship of Emergency Contact: _____

Race:
 African American or Black
 Alaskan Native American Native
 Asian More than 1 Race
 Native Hawaiian or other Pacific Islander
 Unknown White

Language Barrier? Yes No
Specify Primary Language _____
Hispanic? Yes No
Marital Status: Married Unmarried Unknown

Payment Status (Mark all that apply):
 Private Insurance, Specify: _____
 MA/Health Choice
 MA #: _____
 Name of MCO (if applicable): _____
 Applied for MA Specify Date: ___ / ___ / ___
 Uninsured
 Unknown

Educational Level:
 Highest grade completed: _____
 Currently in school? Yes No
 GED? Yes No

ASSESSMENT INFORMATION

Date of initial prenatal visit: ___ / ___ / ___
 Transferred from other source of prenatal care? Yes No
 If YES, date care began: ___ / ___ / ___
 Other source of prenatal care: _____
 Trimester of 1st prenatal visit: ___ 1st ___ 2nd ___ 3rd
 LMP: ___ / ___ / ___ Initial EDC: ___ / ___ / ___

OB History:
Complete all that apply
 # Full-term live births
 # Pre-term live births
 # Prior LBW births
 # Spontaneous abortions
 # Therapeutic abortions
 # Ectopic pregnancies
 # Children now living

Check all that apply
 History of pre-term labor
 History of fetal death (> 20 wks)
 History of infant death w/in 1 yr of age
 History of multiple gestation
 History of infertility treatment
 First Pregnancy

Psychosocial Risks: Check all that apply.
 Current pregnancy unintended
 Less than 1 year since last delivery
 Late registration (more than 20 weeks gestation)
 Disability (mental/physical/developmental), Specify _____
 History of abuse/violence within past 6 months
 Tobacco use, Amount _____
 Alcohol use, Amount _____
 Illegal substances within past 6 months
 Resides in home built prior to 1978, Rent Own
 Homelessness
 Lack of social/emotional support
 Exposure to long-term stress
 Lack of transportation
 Other psychosocial risk (specify in comments box)
 None of the above

Medical Risks: Check all that apply.
Current Medical Conditions of this Pregnancy:
 Age ≤ 15
 Age ≥ 45
 BMI < 18.5 or BMI > 30
 Hypertension (> 140/90)
 Anemia (Hgb < 10 or Hct < 30)
 Asthma
 Sickle cell disease
 Diabetes: Insulin dependent Yes No
 Vaginal bleeding (after 12 weeks)
 Genetic risk: specify _____
 Sexually transmitted disease, Specify _____
 Last dental visit over 1 year ago
 Prescription drugs, Specify _____
 History of depression/mental illness, Specify _____
 Depression assessment completed? Yes No
 Other medical risk (specify in comments box)
 None of the above

COMMENTS ON PSYCHOSOCIAL RISKS:

COMMENTS ON MEDICAL RISKS:

Form Completed By: _____
 Date Form Completed: ___ / ___ / ___
 DHMH 4850 revised 05/28/09

DO NOT WRITE IN THIS SPACE

XXXXXX

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Maryland Prenatal Risk Assessment Form Instructions

Purpose of Form: Identifies pregnant woman who may benefit from local health department **Administrative Care Coordination (ACCU)** services and serves as the referral mechanism. ACCU 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 demographic and assessment sections for ALL pregnant women enrolled in Medicaid at registration and those applying for Medicaid.

- Print clearly; use black pen for all sections.
- Press firmly to imprint.
- White-out previous entries on original completely to make corrections.
- If client does not have a social security number, indicate zeroes.
- Indicate the person completing the form.
- Review for completeness and accuracy.

Faxing 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.
- **Fax the MPRAF to the local health department in the client's county of residence.**
- To reorder forms call the local ACCU.

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 within the past six months.
Exposure to long-term stress	for example: partner-related, financial, safety, emotional
Genetic risk	at risk for a genetic or hereditary condition
Illegal Substances	used illegal substances within the past 6 months (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	Last dental visit over 1 year ago
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 6 months

rev 05/09

Client's Local Health Department Addresses

Mailing Address	Phone Number
Allegany County ACCU 12501 Willowbrook Rd S.E. Cumberland, MD 21502	301-759-5094 Fax: 301-777-2401
Anne Arundel County ACCU 1 Harry S. Truman Parkway, Ste 200 Annapolis, MD 21401	410-222-7541 Fax: 410-222-4150
Baltimore HealthCare Access 201 E. Baltimore St, Ste. 1000 Baltimore, Maryland 21202	410-649-0526 Fax: 1-888-657-8712
Baltimore County ACCU 8501 LaSalle Rd., Ste. 103 Towson, MD 21286	410-887-8741 Fax: 410-828-8346
Calvert County ACCU 975 N. Solomons Island Rd, P.O. Box 980 Prince Frederick, MD 20678	410-535-5400 Fax: 410-535-1955
Caroline County ACCU 403 S. 7th St., P.O. Box 10 Denton, MD 21629	410-479-8023 Fax: 410-479-4871
Carroll County ACCU 290 S. Center St, P.O. Box 845 Westminster, MD 21158-0845	410-876-4940 Fax: 410-876-4959
Cecil County ACCU 401 Bow Street Elkton, MD 21921	410-996-5145 Fax: 410-996-5121
Charles County ACCU 4545 Crain Highway, P.O. Box 1050 White Plains, MD 20695	301-609-6803 Fax: 301-934-7048
Dorchester County ACCU 3 Cedar Street Cambridge, MD 21613	410-228-3294 Fax: 410-228-8976
Frederick County ACCU 350 Montevue Lane Frederick, MD 21702	301-600-3348 Fax: 301-600-3302
Garrett County ACCU 1025 Memorial Drive Oakland, MD 21550	301-334-7777 Fax: 301-334-7771
Harford County ACCU 34 N. Philadelphia Blvd Aberdeen, MD 21001	410-273-5626 Fax: 410-272-5467
Howard County ACCU 7180 Columbia Gateway Dr. Columbia, MD 21044	410-313-7323 Fax: 410-313-5838
Kent County ACCU 125 S. Lynchburg Street Chestertown, MD 21620	410-778-7023 Fax: 410-778-7019
Montgomery County ACCU 1335 Piccard Drive, 2nd Floor Rockville, MD 20850	240-777-1616 Fax: 240-777-4645
Prince George's County ACCU 9201 Basil Court, Room 403 Largo, MD 20774	301-883-7231 Fax: 301-883-7572
Queen Anne's County ACCU 206 N. Commerce Street Centreville, MD 21617	443-262-4424 Fax: 443-262-9357
St Mary's County ACCU 21580 Peabody St., P.O. Box 316 Leonardtown, MD 20650-0316	301-475-4951 Fax: 301-475-4110
Somerset County ACCU 7920 Crisfield Highway Westover, MD 21871	443-523-1723 Fax: 410-651-2572
Talbot County ACCU 100 S. Hanson Street Easton, MD 21601	410-819-5600 Fax: 410-819-5691
Washington County ACCU 1302 Pennsylvania Avenue Hagerstown, MD 21742	240-313-3229 Fax: 240-313-3222
Wicomico County ACCU 108 E. Main Street Salisbury, MD 21801	410-543-6942 Fax: 410-543-6568
Worcester County ACCU 9730 Healthway Drive Berlin, MD 21811	410-629-0164 Fax: 410-629-0185

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