OB Provider Pregnancy Assessment Form

Please fax to (877) 577-0117 and send completed form with your claim during 1st trimester (CPT Code H1001-TG)

Patient's Name	DOB	Patient's Insurance ID#	
Patient's Address		County of Residence	Patient's Phone ( ) -
Health Plan name	Provider ID #	Provider's Name/ Clinic Name	Provider Phone #

CLEAR HEALTH ALLIANCE
Offered by simply healthcare

Does this patient consider herself (check all that apply-optional):

- ☐ Caucasian / White
- ☐ African American / Black
- ☐ Hispanic / Latino
- ☐ Asian/Pacific Islander
- ☐ Native American
- ☐ Other: (please list) _____

Due Date____/____/____
MM / DD / YY

1ST VISIT

Gestational Age
_____weeks

Date Screened ____/____/____
MM DD YY

2ND SCREEN
_____Weeks
____/____/____
MM DD YY

	1st visit
1. Less than a 12th grade education	☐ Y ☐ N
2. Currently unmarried	☐ Y ☐ N
3. Age is < 18 or > 35 yrs.	☐ Y ☐ N
4. 1st trimester pregnancy loss, any cause (3 or more)	☐ Y ☐ N
5. 2nd trimester pregnancy loss, any cause (2 or more)	☐ Y ☐ N
6. Previous preterm labor with term delivery	☐ Y ☐ N
7. Previous preterm delivery or low birth weight baby	☐ Y ☐ N
8. Previous stillbirth	☐ Y ☐ N
9. History of cone biopsy (laser or cold knife cone)	☐ Y ☐ N
10. DES exposure	☐ Y ☐ N
11. Any history of cervical cerclage or Myomectomy	☐ Y ☐ N
12. Last birth within 1 year	☐ Y ☐ N
13. Significantly underweight or over weight during pregnant period	☐ Y ☐ N
14. During the last year prior to pregnancy has had gynecological infection (Bacterial, vaginosis, trichomona, chlamydia, herpes, gonorrhea, or Syphilis).	☐ Y ☐ N
15. Florida's Healthy Start Prenatal Risk Screening completed (form DH3134)	☐ Y ☐ N
16. WIC Education/Referral completed	☐ Y ☐ N

ENCHANCED SERVICES:

- ☐ At Risk Ante partum Mgmt. (Primary Provider: MD) _____
- ☐ Care Coordinator _____
- ☐ Prenatal Health Education I _____
- ☐ Prenatal Health Education II _____
- ☐ Prenatal Nutrition Education_____
- ☐ Post Partum Follow-up visit_____

REMINDER – Refer to WIC 1-800-342-3556

	1st VISIT	2nd SCREEN (24-28WKS)
17. Cervix dilated > 1cm <34 weeks this pregnancy.	☐ Y ☐ N	☐ Y ☐ N
18. Cervical shortening < 1 cm < 34 weeks this pregnancy.	☐ Y ☐ N	☐ Y ☐ N
19. Drank any beer, wine, wine coolers, or liquor since last menstrual period.	☐ Y ☐ N	☐ Y ☐ N
20. Multiple gestation this pregnancy	☐ Y ☐ N	☐ Y ☐ N
21. Diabetes mellitus	☐ Y ☐ N	☐ Y ☐ N
22. Uterine anomaly	☐ Y ☐ N	☐ Y ☐ N
23. Uterine irritability requiring medication, rest, hydration	☐ Y ☐ N	☐ Y ☐ N
24. Abdominal surgery during this pregnancy	☐ Y ☐ N	☐ Y ☐ N
25. Cocaine, marijuana, benzodiazepines, or street drug use this pregnancy.	☐ Y ☐ N	☐ Y ☐ N
26. Poly/oligohydramnios this pregnancy.	☐ Y ☐ N	☐ Y ☐ N
27. Has been physically, sexually, or emotionally hurt by someone.	☐ Y ☐ N	☐ Y ☐ N
28. Ever been or is currently being treated for an emotional disturbance.	☐ Y ☐ N	☐ Y ☐ N
29. Felt sad or down for more than 2 weeks in the past year.	☐ Y ☐ N	☐ Y ☐ N
30. Initial prenatal visit 20 weeks.	☐ Y ☐ N	☐ Y ☐ N
31. Febrile illness during this pregnancy.	☐ Y ☐ N	☐ Y ☐ N
32. Bleeding > 12 wks this pregnancy	☐ Y ☐ N	☐ Y ☐ N
33. History of pyelonephritis	☐ Y ☐ N	☐ Y ☐ N
34. Smoking more than 10 cigarettes per day this pregnancy	☐ Y ☐ N	☐ Y ☐ N
35. Hypertension/ preeclampsia	☐ Y ☐ N	☐ Y ☐ N
36. Work: Standing more than 4 hours/shift or heavy physical exertion.	☐ Y ☐ N	☐ Y ☐ N
37. Anemia (10 mg/dl) this pregnancy	☐ Y ☐ N	☐ Y ☐ N
38. Inappropriate weight gain or loss this pregnancy	☐ Y ☐ N	☐ Y ☐ N
39. Inadequate prenatal care (<2 visits 2nd or 3rd trimester)	☐ Y ☐ N	☐ Y ☐ N
40. During this pregnancy has had gynecological infection (bacterial vaginosis, trichomonas, chlamydia, herpes, gonorrhea, or syphilis).	☐ Y ☐ N	☐ Y ☐ N
41. HIV testing and counseling offered	☐ Y ☐ N	☐ Y ☐ N
42. HIV testing objection form obtained (if applicable)	☐ Y ☐ N	☐ Y ☐ N
43. Has tested HIV positive	☐ Y ☐ N	☐ Y ☐ N
44. If HIV positive, counseling/referral completed	☐ Y ☐ N	☐ Y ☐ N
Other risks:		
High Risk Pregnancy	☐ Y ☐ N	☐ Y ☐ N

Signature of Primary Provider 1st visit	Date
Signature of Primary Provider 2nd screen	Date

2-20-2014