

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

PRENATAL RISK ASSESSMENT FORM

Please print or type:

Patient Name	Case/Recipient Number	Expected Date of Delivery (EDD): month / day / year
Patient Address	Physician Name	
Patient Telephone	Physician Telephone	Please circle Diagnostic Code for this assessment: V22 V23
Case Name if different from patient name	Enrolled in Managed Care Plan (HMO): Please circle YES NO	

Please check all that apply:

Distribution: Original in provider file, Copy to CDJFS

AT RISK OF PRETERM BIRTH

If at least one factor is checked, patient is at risk of preterm birth - V23.8

OBSTETRICAL HISTORY

- | | |
|---|--|
| <input type="checkbox"/> 1. ABORTION, 1st or 2nd trimester, spontaneous or therapeutic
<input type="checkbox"/> 2. CONE BIOPSY
<input type="checkbox"/> 3. DES EXPOSURE
<input type="checkbox"/> 4. ECLAMPSIA OR SEVERE PREECLAMPSIA | <input type="checkbox"/> 5. INCOMPETENT CERVIX
<input type="checkbox"/> 6. LOW BIRTH WEIGHT, less than 2500 g
<input type="checkbox"/> 7. PRETERM DELIVERY/LABOR |
|---|--|

CURRENT PREGNANCY

- | | |
|--|---|
| <input type="checkbox"/> 8. ABDOMINAL SURGERY
<input type="checkbox"/> 9. AGE, less than 19 or more than 35 years
<input type="checkbox"/> 10. ANEMIA, less than 11 hgb or less than 33% hct
<input type="checkbox"/> 11. ANEMIA, Sickle Cell or other hemoglobinopathy
<input type="checkbox"/> 12. ASTHMA, on medication
<input type="checkbox"/> 13. BLEEDING, if significant after 12 weeks
<input type="checkbox"/> 14. CERVIX DILATED, more than 1.5 cm before 29 weeks
<input type="checkbox"/> 15. CERVIX EFFACED, less than 1 cm before 29 weeks
<input type="checkbox"/> 16. CHRONIC BRONCHITIS
<input type="checkbox"/> 17. DIABETES, insulin dependent
<input type="checkbox"/> 18. DOMESTIC VIOLENCE
<input type="checkbox"/> 19. DRUG OR ALCOHOL ABUSE
<input type="checkbox"/> 20. ECLAMPSIA OR PREECLAMPSIA
<input type="checkbox"/> 21. HEART DISEASE
<input type="checkbox"/> 22. HYPERTENSION, on medication
<input type="checkbox"/> 23. IRRITABLE UTERUS
<input type="checkbox"/> 24. LATE INITIAL VISIT, after 14 weeks of pregnancy | <input type="checkbox"/> 25. MALIGNANCY OR LEUKEMIA
<input type="checkbox"/> 26. MISSED PRENATAL APPOINTMENTS
<input type="checkbox"/> 27. MULTIPLE GESTATION
<input type="checkbox"/> 28. OLIGOHYDRAMNIOS
<input type="checkbox"/> 29. PLACENTA PREVIA, 3rd trimester
<input type="checkbox"/> 30. PNEUMONIA
<input type="checkbox"/> 31. POLYHYDRAMNIOS
<input type="checkbox"/> 32. POOR NUTRITION
<input type="checkbox"/> 33. PRENATAL CARE NONCOMPLIANCE, most recent pregnancy
<input type="checkbox"/> 34. PRETERM LABOR
<input type="checkbox"/> 35. PROM, confirmed
<input type="checkbox"/> 36. KIDNEY DISEASE, UTI (urinary tract infections)
<input type="checkbox"/> 37. SMOKING
<input type="checkbox"/> 38. TRAUMA
<input type="checkbox"/> 39. UNDERWEIGHT
<input type="checkbox"/> 40. UTERINE ANOMALY OR FIBROIDS
<input type="checkbox"/> 41. WEIGHT LOSS
<input type="checkbox"/> 42. OTHER _____ |
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AT RISK OF POOR PREGNANCY OUTCOME

If at least one factor is checked, patient is at risk of poor pregnancy outcome - V23.9

OBSTETRICAL HISTORY

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| <input type="checkbox"/> 43. CONGENITAL ANOMALY, major | <input type="checkbox"/> 44. INFANT DEATH; Stillborn, Neonatal, Post Neonatal |
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CURRENT PREGNANCY

- | | |
|--|---|
| <input type="checkbox"/> 45. ANESTHESIA RELATED ALLERGIES
<input type="checkbox"/> 46. DEEP VENOUS THROMBOSIS
<input type="checkbox"/> 47. DIABETES, GESTATIONAL, diet controlled
<input type="checkbox"/> 48. DRUG OR ALCOHOL ABUSE
<input type="checkbox"/> 49. EPILEPSY or on anticonvulsant
<input type="checkbox"/> 50. FAMILIAL GENETIC DISORDER, confirmed
<input type="checkbox"/> 51. GRAND MULTIPARA, more than 5 of 20 weeks or more
<input type="checkbox"/> 52. GROUP B STREPTOCOCCAL DISEASE
<input type="checkbox"/> 53. HEIGHT, less than 5 feet
<input type="checkbox"/> 54. HEPATITIS OR CHRONIC LIVER DISEASE
<input type="checkbox"/> 55. HIV / ARC / AIDS | <input type="checkbox"/> 56. ILLITERACY OR LANGUAGE BARRIER
<input type="checkbox"/> 57. ISOIMMUNIZATION associated with fetal disease
<input type="checkbox"/> 58. MENTAL RETARDATION
<input type="checkbox"/> 59. OBESITY, more than 20% weight for height
<input type="checkbox"/> 60. PRIOR C-SECTION
<input type="checkbox"/> 61. PSYCHOSIS, within past 5 years
<input type="checkbox"/> 62. RECENT DELIVERY, less than 1 year
<input type="checkbox"/> 63. RUBELLA EXPOSURE with rising titer
<input type="checkbox"/> 64. SEXUALLY TRANSMITTED DISEASE, any
<input type="checkbox"/> 65. THYROID DISEASE, confirmed
<input type="checkbox"/> 66. TUBERCULOSIS, active
<input type="checkbox"/> 67. OTHER _____ |
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Physician's Signature	Date
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