**Pregnant Clients**

**Entry Into Prenatal Care**

<table>
<thead>
<tr>
<th>Date of 1st Visit</th>
<th>* LMP</th>
<th>* EDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>M M D D Y Y Y Y M M D D Y Y Y Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>N</td>
<td>Unk</td>
<td>Y</td>
</tr>
</tbody>
</table>

**Identified Health Risks/Concerns**

- Previous Cesarean Section
- Low Birth Weight (<2500gm)
- Obesity
- Gestational Diabetes
- Group B Strep

**Has a doctor or other medical professional ever told you that you have any of the following conditions?**

- Abnormal Pap
- Cervical Incompetence
- Ectopic Pregnancy
- Gestational Diabetes
- Group B Strep
- Hepatitis B
- Low Birth Weight (<2500gm)
- Multiple Gestation
- Obesity
- Opioid Replacement Tx

**4Ps Plus**

- Did either of your parents have a problem with drugs or alcohol
- Does your partner have any problem with drugs or alcohol
- Have you ever felt manipulated by your partner
- Have you ever felt out of control or helpless
- Over the past 2 weeks have you felt down, depressed or hopeless
- Over the past 2 weeks have you felt little interest or pleasure in doing things

**4 Ps Plus Follow-up Questions (if an *Any above was checked)**

<table>
<thead>
<tr>
<th>Refer for Assessment</th>
<th>Prevention Education</th>
<th>No Referral Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Day</td>
<td>1-2 days/wk</td>
<td>(did not drink/use drugs)</td>
</tr>
<tr>
<td>3-6 Days/wk</td>
<td>&lt;1 day/wk</td>
<td></td>
</tr>
</tbody>
</table>

**Referrals/Education**

**PLEASE PRINT CLEARLY**

**Notes**

**Participation Consent**

I agree to provide the information regarding my health and social service needs for review and screening in order to have appropriate available Community Based Services contact me. I agree to be contacted by program staff to follow-up with me or the agency to which I was referred.

**Oral Consent Given**

© 2015 Family Health Initiatives 2500 McClellan Ave Ste 270, Pennsauken, NJ 08109

www.praspect.org