

# 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**

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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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