Virginia obstetrical risk assessment form

□ No risk factors □ None □ No risk factors □ Diabetes/gestational diabetes/ LGA baby □ Advanced maternal age □ Behavioral health condition: □ DVT/PT □ Auto-immune disease(s) □ Domestic violence □ Eclampsia/pre-eclampsia □ Housing issues □ Fetal congenital anomaly or disorder □ BMI (low or high): □ Identified social, economic and lifestyle: □ Petal death □ Hepatitis □ Intellectual impairment □ Hypertension/GHTN □ Seizure disorder: □ Intellectual impairment □ Incompetent cervix □ Intellectual impairment □ Lack of support system □ LIGR/SGA baby □ Yes □ No □ Literacy issues □ Late and/or inconsistent prenatal care □ Other (specify): □ Mental/physical/sexual abuse (current or history of): □ Low birth weight < 2500 grams □ Postpartum depression □ Multiple gestation □ Postpartum depression □ Placenta abnormalities □ Smoking/vaping/tobacco use; individualized intervention offered individualized intervention off	Patient information												
City, state, ZIP code: Date of initial prenatal visit/diagnosis date: Completion date of form:	Last name:		First na	First name:				Middle initial:			DOB (mm/dd/yyyy):		
Pregnancy information and history LMP Gestational age at first visit EDC Gravida Para Pre-term Living Abortions Spontaneous: Induced: Induced: Induced: Induced: No risk factors Advanced maternal age Behavioral health condition: Diabetes/gestational diabetes/ LGA baby Auto-immune disease(s) Behavioral health condition: Domestic violence Housing issues Identified social, economic and lifestyle fact Hepatitis Induced: Induced: Domestic violence Housing issues Identified social, economic and lifestyle fact Induced:	Address:												
Pregnancy information and history LMP Gestational age at first visit EDC Gravida Para Pre-term Living Abortions	City, state, ZIF		Tele				Teleph	lephone number:					
LMP Gestational age at first visit EDC Gravida Para Pre-term Living Abortions Induced:	Member ID no	umber:		Date of initial prenatal visit/diag				/diagno	sis date:	Comple	etion date of fo	orm:	
Risk factors (past or current) No risk factors No risk factors Advanced maternal age LGA baby DVT/PT Eclampsia/pre-eclampsia Fetal congenital anomaly or disorder Fetal death 2nd trimester Hypertension/GHTN Incompetent cervix IUGR/SGA baby Late and/or inconsistent prenatal care Low birth weight < 2500 grams Multiple gestation Multiple gestation Prevature rupture of membranes Pre-term (specify gestational age) Delivery: Active medical conditions Social, economic and lifestyle fact No risk factors Behavioral health condition: Leath condition: Advanced maternal age Behavioral health condition: Leath condition: No risk factors Behavioral health condition: Leath condition: No risk factors Behavioral health condition: Leath condition: Domestic violence Housing issues Lidentified social, economic and lifestyle: Domestic violence Housing issues Lidentified social, economic and lifestyle: Chousing issues Domestic violence No lidentified social, economic and lifestyle: Chousing issues Domestic violence Housing issues Domestic violence Behavioral health condition: Chorien and lifestyle: Domestic violence Behavioral health condition: Chorien and lifestyle: Domestic violence Behavioral health condition: Chorien and lifestyle: Domestic violence Behavioral health condition: Leath condition: Chorien and lifestyle: Domestic violence Behavioral health condition: Leath condition: Chorien and lifestyle: Domestic violence Behavioral health condition: Chorien and lifestyle: Chorien and lifestyle: Chorien and lifestyle: Choral preserved Schoral preserved Chorien and lifestyle: Choral p	Pregnancy information and history												
Risk factors (past or current) No risk factors None No risk factors Diabetes/gestational diabetes/ LGA baby Asthma Dott/PT Auto-immune disease(s) Domestic violence Housing issues Fetal congenital anomaly or disorder Hepatitis HIV Intellectual impairment Incompetent cervix Thyroid disease – treated? Lack of support system Lugary Garage Lugary Garage Mental/physical/sexual abuse (current or history of): Late and/or inconsistent prenatal care Abruption Previa Premature rupture of membranes Pre-term (specify gestational age) Delivery: Pre-term (specify gestational age) Delivery: None None Norisk factors No risk factors No risk factors No risk factors No risk factors No risk factors No risk factors No risk factors No risk factors Behavioral health condition: Advanced maternal age Behavioral health condition: Behavioral health condition: Domestic violence Behavioral health condition: Behavioral health condition: Behavioral health condition: Behavioral health condition: Behavioral health condition: Behavioral health condition: Domestic violence Housing issues Identified social, economic and lifestyle: Domestic violence Housing issues Identified social, economic and lifestyle: Domestic violence Housing issues Identified social, economic and lifestyle: Domestic violence Housing issues Identified social, economic and lifestyle: Domestic violence Identified social, economic and lifestyle: Domestic violence Identified social, economic and lifestyle: Domestic violence Identified social, economic and lifestyle: Identified social, economic and lifestyle:	LMP	Gestational age at first visit	EDC	Gravi	vida Para		Pre	e-term	Living	9	Abortions		
No risk factors None No risk factors □ Diabetes/gestational diabetes/ LGA baby □ Advanced maternal age □ Behavioral health condition: □ DVT/PT □ Auto-immune disease(s) □ Domestic violence □ Eclampsia/pre-eclampsia □ Housing issues □ Fetal congenital anomaly or disorder □ BMI (low or high): □ Identified social, economic and lifestyle: □ Pretal death □ Hepatitis □ Intellectual impairment □ Incompetent cervix □ Intellectual impairment □ Lack of support system □ LIDER/SGA baby □ Yes □ No □ Literacy issues □ Late and/or inconsistent prenatal care □ Other (specify): □ Mental/physical/sexual abuse (current or history of): □ Low birth weight < 2500 grams											oontaneous:	Induced:	
□ Diabetes/gestational diabetes/ LGA baby □ Advanced maternal age □ Behavioral health condition: □ DVT/PT □ Auto-immune disease(s) □ Domestic violence □ Eclampsia/pre-eclampsia □ Housing issues □ Fetal congenital anomaly or disorder □ BMI (low or high): □ Identified social, economic and lifestyle: □ Fetal death □ Hepatitis □ Intellectual impairment □ Incompetent cervix □ HIV □ Intellectual impairment □ Incompetent cervix □ No □ Lack of support system □ LIGR/SGA baby □ Yes □ No □ Mental/physical/sexual abuse (current or history of): □ Low birth weight < 2500 grams	Risk facto	rs (past or current)	Active	Active medical conditions					Social, economic and lifestyle factors				
LGA baby □ DVT/PT □ Auto-immune disease(s) □ BMI (low or high): □ Petal congenital anomaly or disorder □ Fetal death □ 2nd trimester □ 3rd trimester □ Housing issues □ Identified social, economic and lifestyle: □ Intellectual impairment □ Incompetent cervix □ IUGR/SGA baby □ Late and/or inconsistent prenatal care □ Low birth weight < 2500 grams □ Multiple gestation □ Placenta abnormalities □ Abruption □ Previa □ Premature rupture of membranes □ Pre-term (specify gestational age) □ Delivery: □ Delivery: □ Delivery: □ Auto-immune disease(s) □ Domestic violence □ Housing issues □ Identified social, economic and lifestyle: □ Lack of support system □ Postpartum depression □ Smoking/vaping/tobacco use; individualized intervention offered individualized intervention offer	☐ No risk	factors	☐ Nor	☐ None				[☐ No risk factors				
Tierral disease	LGA bate DVT/PT Eclamp Fetal co Fetal do 2nd Hyperte Incomp IUGR/S Late an prenata Low bir Placent Abr Pre-terr Deli Renal co Sickle co	☐ AstI☐ Auto☐ BM☐ Hep☐ HIV☐ Seiz☐ Thyroic☐ Yes☐ Oth☐ ☐ HIV☐ ☐ HIV☐ HIV☐ Yes☐ Oth☐ ☐ HIV☐ HIV☐ HIV☐ HIV☐ HIV☐ HIV☐ HIV☐ H	□ Asthma □ Auto-immune disease(s) □ BMI (low or high): □ Hepatitis □ HIV □ Seizure disorder: □ Thyroid disease — treated? □ Yes □ No □ Other (specify): □ □					□ Domestic violence □ Housing issues □ Identified social, economic and lifestyle: □ Intellectual impairment □ Lack of support system □ Literacy issues □ Mental/physical/sexual abuse (current or history of):					



STI history				Current medications					
	Screen date:	Negative	Positive	☐ No medications					
☐ HIV:				Please list:					
☐ Syphilis:									
☐ Gonorrhea:									
☐ Chlamydia:		_ 🔲							
Provider inform	mation								
Last name:				First name:		Tax ID number:			
Phone number:				ax number:		Delivery hospital:			
Address:					City, state, ZIP code:				
Is the provider	requesti	ing care o	coordina	tion?					
Provider (MD/DO/APRN/PA):						Date:			



Please complete the enclosed form for each of your pregnant patients who are UnitedHealthcare Community Plan members within 15 calendar days of the member's first prenatal visit. Fax each form to 877-353-6913.

For faster service, sign in to the UnitedHealthcare Provider Portal and use the Care Conductor tool for pregnancy notification and risk assessment.

