

MARYLAND PRENATAL RISK ASSESSMENT

*REFER TO INSTRUCTIONS ON BACK BEFORE
STARTING*

Date of Visit: ____/____/____

Provider Name: _____ Provider Phone Number: _____-_____-_____
 Provider NPI#: _____ Site NPI#: _____

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: ____/____/____ Emergency Contact: _____
Name/Relationship

Race: _____ **Language Barrier?** Yes No **Payment Status (Mark all that apply):**
 African-American or Black Specify Primary Language _____ Private Insurance, Specify:
 Alaskan Native American Native MA/HealthChoice
 Asian More than 1 race **Hispanic?** Yes No MA #:
 Native Hawaiian or other Pacific Islander **Marital Status:** _____ Name of MCO (if applicable): _____
 Unknown White Married Unmarried Unknown Applied for MA Specify Date: ____/____/____
Educational Level Uninsured

Highest grade completed: _____ GED? Yes No
 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: ____/____/____

Complete all that apply	Check all that apply
<input type="checkbox"/> # Full-term live births	<input type="checkbox"/> History of pre-term labor
<input type="checkbox"/> # Pre-term live births	<input type="checkbox"/> History of fetal death (> 20 weeks)
<input type="checkbox"/> # Prior LBW births	<input type="checkbox"/> History of infant death w/in 1 yr of age
<input type="checkbox"/> # Spontaneous abortions	<input type="checkbox"/> History of multiple gestation
<input type="checkbox"/> # Therapeutic abortions	<input type="checkbox"/> History of infertility treatment
<input type="checkbox"/> # Ectopic pregnancies	<input type="checkbox"/> First pregnancy
<input type="checkbox"/> # Children now living	

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
 Sick 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
 History of depression/mental illness, Specify _____
 Depression assessment completed? Yes No
 Other medical risk (specify in comment box)

COMMENTS ON PSYCHOSOCIAL RISKS:

COMMENTS ON MEDICAL RISKS:

Form Completed By: _____

Date Form Completed: ____/____/____

DHMH 4850

revised March 2014

DO NOT WRITE IN THIS SPACE

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.

NEW - Enter both the provider and site/facility NPI numbers. 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.

Client's Local Health Department Addresses (rev 03/2014) (FAX to the ACCU in the jurisdiction where the

Mailing Address (client resides)	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 City ACCU HealthChare Access Maryland 201 E. Baltimore St, Ste. 1000 Baltimore, MD 21202	410-649-0526 Fax: 1-888-657-8712
Baltimore County ACCU 6401 York Rd., 3 rd Floor Baltimore, MD 21212	410-887- 4381 Fax: 410-828-8346
Calvert County ACCU 975 N. Solomon's Island Rd, P.O. Box 980 Prince Frederick, MD 20678	410-535-5400 Fax: 410-535-1955
Caroline County ACCU 403 S. 7 th 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: 410-996-0072
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	410-228-3223 Fax: 410-228-8976
Frederick County ACCU 350 Montevue Lane Frederick, MD 21702	301-600-3341 Fax: 301-600-3302
Garrett County ACCU 1025 Memorial Drive Oakland, MD 21550	301-334-7692 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	410-778-7039 Fax: 410-778-7019
Montgomery County ACCU 1335 Piccard Drive, 2 nd Floor Rockville, MD 20850	240-777-1635 Fax: 240-777-4645
Prince George's County ACCU 9201 Basil Court, Room 403 Largo, MD 20774	301-883-7231 Fax: 301-856-9607
Queen Anne's County ACCU 206 N. Commerce Street Centreville, MD 21617	443-262-4481 Fax: 443-262-9357
St Mary's County ACCU 21580 Peabody St., P.O. Box 316 Leonardtown, MD 20650-0316	301-475-4951 Fax: 301-475-4350
Somerset County ACCU 7920 Crisfield Highway Westover, MD 21871	443-523-1740 Fax: 410-651-2572
Talbot County ACCU 100 S. Hanson Street Easton, MD 21601	410-819-5600 Fax: 410-819-5683
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 Dr. Berlin, MD 21811	410-629-0164 Fax: 410-629-0185

DEFINITIONS

Alcohol use	Is a "risk-drinker" as determined by a screening tool such as
Current history of abuse/violence	Includes physical, psychological abuse or violence within the client's environment
Exposure to long-term stress	For example: partner-related, financial, safety, emotional
Genetic risk	At risk for a genetic or hereditary
Illegal substances	Used illegal substances within the past 6 months (e.g. cocaine, heroin,
Lack of social/emotional support	Absence of support from family/friends. Isolated
Language barrier	In need of interpreter, e.g. Non-English speaking,
Oral Hygiene	Presence of dental caries, gingivitis, tooth loss
Preterm live birth	History of preterm birth (prior to the 37 th gestational
Prior LBW birth	Low birth weight birth (under 2,500 grams)
Sickle cell disease	Documented by medical
Tobacco use	Used any type of tobacco products