UnitedHealthcare Community Plan

OBSTETRICS RISK ASSESSMENT

All questions contained in this questionnaire are strictly confidential and will become part of your medical records.

Complete and fax this form to: 877-353-6913

Date Assessment Completed:

Patient Demographics

Patient Name			Insurance ID/ Medicaid #:
Last:	First:	M.I.:	DOB:
Street Address:		City:	State: / Zip Code:
Home Phone:			Cell Phone:
Race/Ethnicity:	☐ African American ☐ Caucasian ☐ Native American ☐ Asian ☐ Multi-Racial ☐ Hispanic ☐ Other	Primary Language	☐ English ☐ Spanish ☐ Other_______

Provider Demographics

Practice Name:	Provider Name/Type: / Provider Signature:	NPI/TIN:	Office Location:

Patient Information

Date of First Prenatal Visit:		Estimated Due Date:	Gravida:	Para:

Medical Conditions (check all that apply)

☐ Diabetes ☐ Obesity ☐ Hypertension ☐ Asthma ☐ STD ☐ HIV ☐ Other_______

Obstetrical Considerations (check all that apply)

☐ Hx preterm delivery ☐ Candidate for progesterone therapy ☐ Hx C-section, indication:_______ ☐ Bleeding after 12 weeks
☐ Multiple gestation ☐ Incompetent cervix ☐ Genetic risk ☐ Other_______

Behavioral Status (check all that apply)

☐ Anxiety ☐ Depression ☐ Other psychiatric diagnosis ☐ SUD ☐ Smoking ☐ Other_______

Social Conditions (check all that apply)

☐ Domestic Violence ☐ Other support system needs ☐ Homelessness ☐ Lack of transportation ☐ Other resource needs
☐ Known to state social service system ☐ Other_______

Plan of Care

POC Item	Referred	Enrolled	Completed	Refused
☐ Preterm labor prevention	☐	☐	☐	☐
☐ Domestic violence assistance	☐	☐	☐	☐
☐ Substance use disorder treatment	☐	☐	☐	☐
☐ Mental health support	☐	☐	☐	☐
☐ Childbirth education	☐	☐	☐	☐
☐ Other community resources	☐	☐	☐	☐
☐ SSI	☐	☐	☐	☐
☐ Smoking cessation	☐	☐	☐	☐
☐ Diabetes care	☐	☐	☐	☐
☐ MFM/other specialist	☐	☐	☐	☐
☐ Nutrition consultation	☐	☐	☐	☐
☐ Breastfeeding education	☐	☐	☐	☐
☐ WIC	☐	☐	☐	☐
	☐	☐	☐	☐

Additional Notes

How Can We Help You?

The Healthy First Steps program is available to assist with complications or barriers you identify during your patient's pregnancy and postpartum period. You can reach a Healthy First Steps representative by calling **(800) 599-5985**.

This form should be filled out in addition to the Pregnancy Notification Form. To notify UnitedHealthcare of pregnant patients digitally and reduce paperwork, you can also use the new tool in Link, Care Conductor and Notification of Pregnancy or you can fax the form to 877-353-6913.

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