Patient Name/I.D. Number

Physician Name

Initial Risk Assessment

Previous Pregnancy	Current Pregnancy		
❑ Previous Preterm or SGA Infants	❑ Age < 15 or >35	❑ Rh Negative (Nonsensitized)	❑ Hemoglobinopathies
❑ Infants >4,000 gms	❑ Age >40	❑ Abnormal Presentation	❑ HIV Risk
❑ Hemorrhage During Previous Preg.	❑ < 8th Grade Education	❑ >7 Deliveries	❑ Hepatitis B Risk
❑ Previous Preeclampsia	❑ Cardiac Disease (Class I or II)	❑ Isoimmunization (ABO, etc.)	❑ History of Genital Herpes
❑ Postterm Pregnancy	❑ Cardiac Disease (Class III or IV)	❑ Surgically Scarred Uterus	_____Patient _____Partner
❑ Congenital/Chromosomal Anomalies	❑ Tuberculosis, Active	❑ Pregnancy w/o Familial Support	❑ Alcohol/Tobacco/Drug Abuse
❑ Isoimmunization (Rh)	❑ Chronic Pulmonary Disease	❑ Second Pregnancy in 12 Months	❑ Significant Social Problems
❑ Fetal Growth Retardation	❑ Thrombophlebitis	❑ Uterine/Cervical Malformation	❑ Rh Sensitization
❑ Multiple Pregnancy (Preterm)	❑ Endocrinopathy	❑ Acute Pyelonephritis	❑ Rash or Virus Since L.M.P.
❑ Incompetent Cervix	❑ Epilepsy (on Medication)	❑ Anemia (HCT <30%; Hgb <10)	❑ History of STD, GC, Chlamydia, HPV, Syphilis
❑ Prior Fetal or Neonatal Death	❑ Infertility (Treated)	❑ Failure to Gain Weight	❑ 1st Visit After 12 Weeks
❑ Prior Neurologically Damaged Infant	❑ 2 or More Abortions (Spontaneous/Induced)	❑ Diabetes Mellitus	
❑ Uterine Bleeding	❑ Suspect Pelvis	❑ Hypertension	❑ _____
❑ Hydramnios		❑ Chronic Renal Disease	
❑ Premature Rupt. Membranes	❑ _____		❑ _____
❑ Gestational Diabetes		❑ _____	

Current Pregnancy

	+ / 0	Remarks		+ / 0	Remarks
A. Vaginal Bleeding			F. Headache		
B. Vaginal Discharge/Odor			G. Abdominal Pain		
C. Vomiting/Nausea			H. Urinary Complaints		
D. Constipation			I. Febrile Episode		
E. Medications			J. Other		

Physical Examination

Date ___ / ___ / ___ Pre-Pregnancy Weight _____ Present Weight _____ Height _____ BP _____

1.	HEENT	❒ Normal	❒ Abnormal	10.	Lymph Nodes	❒ Normal	❒ Abnormal
2.	Teeth	❒ Normal	❒ Abnormal	11.	Rectum	❒ Normal	❒ Abnormal
3.	Thyroid	❒ Normal	❒ Abnormal	12.	Vulva	❒ Normal	❒ Condyloma ❒ Lesions
4.	Breasts	❒ Normal	❒ Abnormal	13.	Vagina	❒ Normal	❒ Inflammation ❒ Discharge
5.	Lungs	❒ Normal	❒ Abnormal	14.	Cervix	❒ Normal	❒ Inflammation ❒ Lesions
6.	Heart	❒ Normal	❒ Abnormal	15.	Uterus/Weeks _____	❒ Normal	❒ Abnormal ❒ Fibroids
7.	Abdomen	❒ Normal	❒ Abnormal	16.	Adnexa	❒ Normal	❒ Mass
8.	Extremities	❒ Normal	❒ Abnormal	17.	Pelvic Type	Gynecoid	❒ Yes ❒ No
9.	Skin	❒ Normal	❒ Abnormal				

Comments (Letter or number and explain abnormals) _____