



2ND ENCOUNTER (HIGH RISK) 22-26 WEEKS GESTATION

Name: _____

EDC: _____ Weeks Gestation: _____

High risk criteria: _____

Previously identified needs: _____

Status of identified needs: _____

Medicaid Eligibility Status: _____ Application Assistance Needed: _____

Current Tobacco status: (N/A, No Chg, Reduced, Quit) If Smoking-Danger Discussed: _____

Smoking Cessation/Referral to Quitline: _____

Dangers of second hand smoke discussed: _____

Current Alcohol status: (N/A, No Chg, Reduced, Quit) If Using-Danger Discussed: _____ Referral: _____

Current Drug status: (N/A, No Chg, Reduced, Quit) If Using-Danger Discussed: _____ Referral: _____

Healthy lifestyles encouraged: _____

Domestic violence reassessed: _____ Referral: _____

Prenatal Danger Signs/Medical Care in Emergency: _____

Hospital Encounter post delivery discussed: _____

Breastfeeding encouraged: _____

Family planning/ Plan 1st discussed: _____ Birth control method chosen: _____

Adequate transportation: _____

Next prenatal appointment: _____

Registered for Childbirth Classes: _____

Contact Info. Updated: _____ GOL notified of changes: _____

Psychosocial assessment and service plan updated: _____

Risk Status Update: _____

Notes: _____

CC Name: _____ Date: _____