

Client ID: \_\_\_\_\_

Admission ID: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_



# Pregnancy Tracking

*This form is to be filled out at each contact.*

Client's name (first, middle, last) \_\_\_\_\_ Maiden name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

Street address \_\_\_\_\_ Apt# \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Message phone \_\_\_\_\_ Work phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Contact date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Stage of pregnancy:  1<sup>st</sup> trimester  2<sup>nd</sup> trimester  3<sup>rd</sup> trimester

WIC certified?  yes  no

Taking prenatal vitamins, including folic acid?  yes  no  unknown

Attending childbirth education classes?  yes  no  unknown

Attending parenting education classes?  yes  no  unknown

Is client receiving prenatal care?  yes  no  unknown

How many prenatal visits scheduled? \_\_\_\_\_ How many kept? \_\_\_\_\_

Allergies?  yes  no  unknown Specify: \_\_\_\_\_

Is client taking regular medications?  yes  no  unknown

What medications?

<input type="checkbox"/> antibiotics	<input type="checkbox"/> pain meds
<input type="checkbox"/> antidepressants	<input type="checkbox"/> other
<input type="checkbox"/> anti seizure meds	specify _____

Smoke cigarettes?  yes  no  unknown

How many cigarettes per day?

<input type="checkbox"/> <1	<input type="checkbox"/> 10-20	<input type="checkbox"/> more than 2 packs
<input type="checkbox"/> 1-5	<input type="checkbox"/> 1 pack	<input type="checkbox"/> unknown
<input type="checkbox"/> 5-10	<input type="checkbox"/> 1-2 packs	

Drink alcohol?  yes  no  unknown

How often?  never  less than 1 drink/week  2-6 drinks/week  1 drink/day  more than 1 drink/day

Use illicit drugs?  yes  no  unknown  client declines

What drugs?

<input type="checkbox"/> cocaine	<input type="checkbox"/> heroin	<input type="checkbox"/> unknown
<input type="checkbox"/> crank	<input type="checkbox"/> marijuana	<input type="checkbox"/> other
<input type="checkbox"/> crack	<input type="checkbox"/> methamphetamine	specify _____

