



BlueCross BlueShield of Texas

Pregnancy Assessment Form Third Trimester – Re-Assessment

Name: _____ Date of Birth _____ Date of Services: _____

Language Spoken: _____ Interpreter Name: _____

Nursing Intake

Age: _____ Pre-pregnancy weight: _____

G: _____ P: _____ Ab: _____ EDC: _____

Height: _____ Weight: _____ BMI: _____

BP: _____ Temperature: _____ Pulse: _____ Respiration _____

Allergies: _____ Hospital for Delivery: _____

Provider Information

PCP: _____ Family Supportive: Yes No

PCP notified: Yes No

Required Documentation (check when completed)

- Risk factors updated
 Lab results updated
 Physical exam updated if necessary
 Final labs ordered
 ETOH Drugs Smoking - How much: _____

Social Support

- Has supplies for baby: Yes No
Support System: Yes No Who: _____
Living arrangements: Apt. Home Hotel Other
Baby's father involved/supportive: Yes No
Exposed to violence/abuse: Yes No
Transportation: Yes No Working: Yes No

Nutrition

- Plan on breastfeeding Plan on bottle feeding
How many meals per day? _____ Does she have money for food? Yes No Compliant with WIC? Yes No
Document changes from initial assessment: _____

Psychosocial (document changes in area of concern from social support section, depression, and feelings about pregnancy):

Individual Care Plan (update risk factor assessments, interventions, and outcomes since initial assessments):

Stop Smoking

- Advise smoker to quit Discuss smoking cessation medication Discuss smoking cessation strategies

Referrals

- Pediatrician name: _____
 Domestic violence program Infant car seat program Renew prenatal vitamins/folic acid
 Housing/emergency shelter Gestational diabetes education Drug abuse program
 BTL papers (PM 330) Genetic counseling BCBSTX case manager/outreach staff
 Community-based organization for baby supplies Hospital tour/registration

Health Education

- Given health education material on :
 Obesity, eating disorders, diets Educate mother on infant health coverage/social worker
 Risk: abuse, drug use, sexual education Childbirth classes
 Breast self-exam, breastfeeding, formula feeding Family planning after delivery
 Postpartum visit required 21-56 days after delivery

Failed Appointments in Second Trimester

1. Date: _____ Card sent/call 2. Date: _____ Card sent/call 3. Date: _____ Card sent/call

Delivery Date: Vaginal C-Section Postpartum Date (21 to 56 days after delivery) _____

Signature: _____ Date: _____