



WellCare of Georgia
Pregnancy Risk Assessment
1st Trimester

Submitted By:

PRN-1st

Mbr. Name:

Contact #:

Mbr. ID#:

Mbr. Age:

Weeks of Gestation:

Is this your first pregnancy?	
Have you ever had a miscarriage?	
Have you ever aborted a pregnancy?	
Have you ever had a baby that was not living at birth?	
**Have you delivered a premature baby (under 35 weeks) or a full term baby that was under 5 lbs?	
**Have you ever been told you have high sugar or diabetes?	
**Have you ever been hospitalized for premature labor?	
**Do you have a history of high blood pressure?	
Have you used any street or recreational drugs within the past two years?	
Are you a smoker?	
Do you drink alcohol?	
Were you taking any prescribed medication prior to finding out you were pregnant?	
In the past month, have you often been worried by feeling down or without hope?	
In the past month, have you often been worried by little interest or joy in doing things?	
Have you made an appointment with an OB/GYN?	

Disposition of case:

Member referred to case management Y or N

All members under the age of 14 **must** be referred to case management

** If these questions are answered **YES**. Refer to case management.



**WellCare of Georgia
Pregnancy Risk Assessment
2d and 3rd Trimester**

Submitted By:

PRN-2nd & 3rd

Mbr. Name: _____ **Contact #:** _____

Mbr. ID: _____

Mbr. Age: _____

Weeks of Gestation: _____

Trimester: 2nd or 3rd (circle appropriate response)

Are you eating three meals a day?	
Are your legs swollen?	
Are you using any street or recreational drugs?	
Are you smoking	
Are you drinking alcohol?	
**Have you delivered a premature baby (under 35 weeks) or a full term baby that was under 5 lbs?	
** Have you ever been told you have high sugar or diabetes?	
**Do you have a history of high blood pressure?	
**Have you ever been hospitalized for premature labor?	
** Have you been diagnosed with any heart or seizure disorders?	
** Are you currently taking any heart or seizure medication?	
Are you taking any other prescribed medication?	
Are you having any of the following symptoms that required a visit to the doctor or required hospitalization?	
**Have you had to make a trip to the hospital for any vaginal bleeding?	
** Have you had to make a trip to the hospital for pressure or pain in the stomach or cramping?	
Frequent urination?	
Increased pressure in back/bottom?	
Have you been diagnosed with high blood pressure because of your pregnancy?	
Trouble seeing?	
Headaches?	
Chills or fever?	
**Have you had to make a trip to the hospital for vomiting?	
Baby moving around more?	
Baby moving around less?	
**Have you ever delivered twins or triplets?	
In the past month, have you often been worried by feeling down or without hope?	
In the past month, have you often been worried by little interest or joy in doing things?	
Have you been going to you OB/GYN appointments?	

Disposition of case:

Member referred to case management Y or N

All members under the age of 14 **must** be referred to case management.

** If these questions are answered YES. Refer to case management.