Obstetrical Needs Assessment Form

AmeriHealth Caritas New Hampshire

Please fax this form to AmeriHealth Caritas New Hampshire at **1-833-807-2264**.
If you have questions, please call Bright Start® at **1-833-212-2264**. Date:

Provider information

Provider name:	Tax ID:
Address:	
Phone:	Fax:

Member information

Member name:		Medicaid ID:
Address:		Email:
Date of birth:	Language preferred:	Phone:

Tobacco use	Pre-pregnancy	First trimester	Second trimester	Third trimester
Average number of cigarettes smoked per day. If none, enter 0; one pack = 20 cigarettes				

Pregnancy information and history

Date of first prenatal visit:			17P candidate: ☐ Yes ☐ No		
EDD:	Gest. age:	Gravida:	Para:	Pre-term:	Living:
Abortions:	Spontaneous:	Induced:	☐ Three consecutive abortions		

Last pregnancy

- ☐ N/A
- ☐ Birth weight < 2,500 grams
- ☐ Gestational diabetes
- ☐ Preterm delivery (gest. age:)
- ☐ Congenital anomaly:
- ☐ Other (specify):
- ☐ History of incompetent cervix
- ☐ Premature rupture of membranes
- ☐ Classical incision previous C-section
- ☐ Fetal death after 20 weeks
- ☐ Preeclampsia/eclampsia
- ☐ Intrauterine growth restriction
- ☐ History of sexually transmitted infection (STI)
- ☐ Postpartum depression
- ☐ History of deep vein thrombosis and/or pulmonary embolism

Current pregnancy

Multiple gestation: ☐ Twins ☐ Triplets ☐ Other:

- ☐ Premature labor
- ☐ Placenta previa
- ☐ Premature rupture of membranes
- ☐ STI
- ☐ Intrauterine growth restriction
- ☐ Asthma
- ☐ Other (specify):
- ☐ Diabetes
- ☐ Heart disease
- ☐ Hypertension
- ☐ Previous delivery within one year of estimated date of delivery (EDD)
- ☐ Second or third trimester bleeding
- ☐ Preeclampsia
- ☐ Rh sensitization
- ☐ Sickle cell disease
- ☐ Incompetent cervix
- ☐ Late and/or inconsistent prenatal care
- ☐ Periodontal disease
- ☐ HIV
- ☐ Eclampsia
- ☐ Renal disease
- ☐ Abnormal ultrasound
- ☐ Alcohol or drug problems
- ☐ Poor weight gain
- ☐ Pregnancy-induced hypertension
- ☐ No current risk
- ☐ Seizure disorder

Active mental health conditions

- ☐ No mental health conditions
- ☐ Schizophrenia
- ☐ Bipolar disorder
- ☐ Depression
- ☐ Other (specify):

Social, economic, and lifestyle issues

☐ No identified social, economic, or lifestyle issues		☐ Eating disorder	☐ Intellectual impairment
☐ Homelessness	☐ Opioid therapy	☐ Substance use disorder (specify type):	
☐ Mental, physical, or sexual abuse (current or history of):			

Please call Bright Start or fax an updated form if the member has any changes in condition during pregnancy. This updated information can assist Bright Start with member outreach.