OBSTETRICAL NEEDS ASSESSMENT FORM (ONAF)

OB/Gyn Office Information:

Practice Name: XYZ OB/GYN ASSOCIATES | Phone: 412-456-7890 | Fax: 412-456-7891 | MAID: 012A

Date Initially Faxed: 01/03/14 | 28-32 Wks Fax Date: 05/28/14 | Postpartum Fax Date: 09/30/14 | Form Completed By: SUZIE GIRL

Member's Information:

First Name: JANE | Last Name: DOE | DOB: 01/01/89 | Age: 25

Mem.ID/MAID#: 00012345 | Member's Health Plan: UPMC FOR YOU | Healthy Beginnings Plus Member? ☐ Yes ☒ No | Home Phone: 412-789-0123

Alternate Phone: N/A | Language(s): ENGLISH | Hospital for Delivery: ABC HOSPITAL | 1st Prenatal Visit: 01/31/14

EDC: 08/15/14 | ☑ by LMP of 11/08/13 | ☐ by US Date: | GA at 1st Visit: 8 | Gravida: 2 | Full Term: 1 | Pre-Term: 0

AB: 0 | SAB: 0 | TAB: 0 | Living: 1 | Height: 5'3 | Weight: 130 | BMI: 23 | Date/Last PAP: 01/03/14 | Date/Last Chlamydia Screen: 01/03/14

17P Candidate? ☐ Yes ☒ No | Depression Screen? ☒ Yes ☐ No | Result: ☐ Positive ☒ Negative | Validated Depression Tool Used? List: Edinbur | Date Admin: 1/31/1 | Referral? ☒ Yes ☐ No

Dental Visit Last 6 Months? ☒ Yes ☐ No

Tobacco (Tob.) Use — Average # of Cigarettes Smoked/Day (If none, enter 0; 1 pack = 20 cigarettes): Pre-Pregnancy: 0 | 1st Trimester: 0 | 2nd Trimester: 0 | 3rd Trimester: 0

Tob. Counseling Offered? ☐ Yes ☒ No | Tob. Counseling Received? ☐ Yes ☒ No | Exposure to Environmental Smoke? ☒ Yes ☐ No | Counseling for Environmental Smoke? ☒ Yes ☐ No

Past OB Complications
☑ No Past OB Complications
☐ Postpartum Depression
☐ RH Incompatibility
☐ Hx of DVT/PE
☐ Gestational Diabetes
☐ Cervical Insufficiency
☐ IUGR
☐ Pregnancy Induced Hypertension (PIH)
☐ Premature ROM
☐ Preterm Labor/Delivery < 32 wks
☐ Preterm Labor/Delivery 32 - 36 wks
☐ Fetal Demise/Hx 2nd/3rd Tri Loss
☐ Previous C-Section #
Classical incision: ☐ Yes ☐ No

Current Risks	1st	2nd	3rd
☐ No Current Risks			
☐ Hx Leep/Cone Biopsy			
Late and/or inconsistent prenatal care	☐	☐	☐
Abnormal Ultrasound	☐	☐	☐
Abnormal Placenta:	☐	☐	☐
Gestational Diabetes	☐	☐	☑
2nd/3rd Trimester Bleeding		☐	☐
Multiple Gestation ☐ Yes ☒ No			
Periodontal Disease	☐	☐	☐
Poor Weight Gain	☐	☐	☐
IUGR	☐	☐	☐
PIH	☐	☐	☐
Preterm Dilation of cervix/preterm labor	☐	☐	☐
Previous delivery w/in 1 yr of EDC	☐	☐	☐

Active Medical/Mental Health Conditions	Yes	No
☐ No Active Medical/Mental Health Conditions		
Autoimmune Disease(s):	☐	☐
Anemia Hb < 10	☐	☐
Asthma	☒	☐
Cardiac Disease:	☐	☐
Chronic Hypertension, Pregestational	☐	☐
Diabetes, Pregestational	☐	☐
Hepatitis:	☐	☐
HIV	☐	☐
Schizophrenia	☐	☐
Renal Disease:	☐	☐
Seizure Disorder	☐	☐
Sickle Cell Disease: ☐ Trait ☐ Disease	☐	☐
☐ Depression ☐ Bipolar	☐	☐
STD:	☐	☐
Thyroid: Treated: ☐ Yes ☐ No	☐	☐
Other Conditions:		

Prenatal Visits	
01/02/14	06/25/14
01/30/14	07/09/14
02/26/14	07/23/14
03/26/14	07/30/14
04/23/14	08/06/14
05/28/14	08/13/14
06/11/14	

Social, Economic, Lifestyle	1st	2nd	3rd
☑ No Social, Economic, Lifestyle			
Mental/Physical/Sexual Abuse ☐ Hx	☐	☐	☐
Intellectual Impairment	☐	☐	☐
Homelessness	☐	☐	☐
Eating Disorder:	☐	☐	☐
Substance Abuse ☐ ETOH ☐ Hx	☐	☐	☐
☐ Rx ☐ Hx	☐	☐	☐
☐ Street ☐ Hx	☐	☐	☐
Opioid Therapy	☐	☐	☐

Delivery: Date 08/15/14 at 40 Weeks Gestation | Elective Del. ☐ Yes ☒ No

☑ Vag ☐ C/S | Vertex ☒ Yes ☐ No | Birth Wgt: 3600

☐ NCIU Admission | Viable: ☒ Yes ☐ No | Antenatal Steroids ☐ Yes ☒ No

Postpartum Visit (Between 21-56 days after delivery)

Visit: 09/26/14 | Feeding Method: ☑ Breast ☐ Bottle ☐ Both

PP Contraception Discussed: ☒ Yes ☐ No | Contraception Plan: BCP

PP Depression Present: ☐ Yes ☒ No

Validated Depression Tool Used? List: Edinburgh | Date Admin: 09/26/14

Referral: ☐ Yes ☒ No

Quit Tob. During Preg. ☐ Y ☒ N | Remains Tob. Free ☐ Y ☒ N

Dr. Patient

Physician Signature

01/03/14

Date Signed