			Patient Identification		
	omprehensive Perinatal Services Program				
	OMBINED REASSESSMENT &	. .			
IN	DIVIDUALIZED CARE PLAN (ICP) SECON	D'.	TRIMESTER		
Da	ate:/ Wks. Gestation:				
Ab			on HOhandout NNutrition PPsychosocial STTSteps to Take R: See Guidelines)	I£- E	rr n
PS	SYCHOSOCIAL ASSESSMENT		ICP Interventions	Info F	
1.	Do you have any questions/concerns about yourpregnancy? OY ON Describe:	1.	OEducate to allay fears. OEncourage class attendance-childbirth prep, and infant care/parenting.		
	Current pregnancy complications? OY ON		OEncourage client to discuss concerns re: complications with medical provider.		
	Fears about labor/delivery? OY ON Fears about infant care/parenting skills? OY ON		0		
2.	Have there been any changes in your personal lifesince your last interview? Lifestyle OY ON	2.	OFwd STT P 28-34 Financial ConcernsOReferral:	-	
	Relationship with FOB OY ON Living accommodations OY ON Finances OY ON				
	Emotional support OY ON Feeling overwhelmed OY ON Experiencing mood swings OY ON Other		OCounseling referral:		
	pregnancy?		OFwd STT P 87 Teen Preg. & Parenting: Educ. Plans		
	FOB: OPositive ONegative Family: OPositive ONegative Friends: OPositive ONegative				
5.	Do you have adequate housing? OY ON	5.	OHousing referral: ODiscussed public transportation. OReferral:	-	
6.	Are you preparing/prepared for the baby?Adequate support system OY ON Infant clothing and supplies OY ON Crib OY ON	6.	OReviewed clothing/supply needs. OReferral: low cost/used baby items OReferral: free infant clothing	-	
7.	Child care arrangements for siblings OY ON Perinatal substance use? OY ON Changes in use? OY ON Describe:		OReferral: OReferred to Perin. Subst. Abuse Program. OFwd STT HE 87 Drug & Alcohol Use, The Risks OFwd STT P 65-68 Perinatal Substance Abuse	_	
	Alcohol_ Street Drugs_ Tobacco_		OEcd per STT P HO-G, H OEcd per STT HE HO-R OFwd STT HE 83 Secondhand Tobacco Smoke OFwd STT HE 79 Tobacco Use		
	Prescription drugs		OEcd per STT HE HO-Q OEcd per STT P HO-G OReassess each visit.		
	Are you experiencing threats or abuse from yourpartner? Emotional OY ON Physical OY ON Sexual OY ON		OFwd STT P 53-59 Spousal/Partner Abuse. OEcd per P HO-E, F OReferral:		

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Patient	Identific	ation

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Psychos	ocial Problems/Needs	Plan (Developed in con	sultation with the par	tient.)		Info	FU R
NUTRITION ASSESSMENT 9. Any change in your eating habits? OY ON Do you have enough food to eat? OY ON Enrolled in WIC? OY ON ODeclined		OReferred to WIC:_ OReferred to RD:_ O_ ON	Plan (Developed in consultation with the patient.) ICP Interventions 9. OReferred to food assistance: OReferred to WIC: OReferred to RD: O 10. OFwd STT N 21-28 Eating, Food Intake & Recall				
24 Hour	· Diet Recall	<u> </u>					
Time	Amount	Food & Drink	Fruits & Vegetables A C Other	Breads, Grains, Cereals	Milk	Protein	Fats Other
		Total					
		WIC Recommendat	ions				
		Evaluation					
Commen	nts/Nutrition Goals:		·				

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		ICP Interventions		FU	
11. Current wt: lbs	11.	OPlotted wt. on grid. OCounseled on wt. gain/loss			
Wt. goal: lbs.		OFwd STT N 8-14 STT to Appropriate Wt. Gain			
Cumulative wt gain:lbs.		OEcd STT N HO-A, B1, B2 (as appropriate)			
12 DD GL 1 1 1 1 1 1 Or	10	OReferral to RD: ONotified medical provider.			
Change since last visit. OHigher OLower	12.	ONotified medical provider.			
Edema OY ON O Other:		OReinforced medical recommendations.			
13. Hgb/Hct:Date:/	13.	OReviewed lab results.			
Abnormal blood/urine test results:		OReinforced medical recommendations.			
Date://		OFwd STT N 59-60 Anemia			
GTT: OY ON Date / /		OEcd STT N HO-L, M, N			
		OReferred to RD:			
14. Are you taking any of the following?	1.4				
Prenatal vitamins OY ON Iron tablets OY ON	17.				
Other vitamins/minerals OY ON					
Herbs OY ON	_				
Herbs OY ONNew medications OY ON	_				
15. How do you plan to feed your baby?	_ 15.	OFwd STT HE 99-100 Infant Feeding Decision-Making			
OBreast		OFwd STT N 122-131 Breastfeeding			
OBottle		OEcd STT N HO-AA, BB1-2, CC1-2, DD1-2, EE1-2			
OBoth		OBreast anatomy & physiology discussed.			
Obotii		OSafe formula preparation and storage discussed.			
		OSafe feeding and burping techniques discussed.	-		
Nutrition Problems/Needs	Pla	n (Developed in consultation with the patient).	-		
			1		
			-		
HEALTH EDUCATION ASSESSMENT		ICP Interventions	-		
	16.		-		
16. Have you been scheduled for tests/procedures?	16.		-		
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16. Have you been scheduled for tests/procedures? OY ON Any questions about them? OY ON 17. Have you selected a birth control method? OY ON 18. Do you have a family planning provider? OY ON	17. 18.	OEcdOFwd STT HE 95-97 Family Planning ChoicesOEcdOReferral:			
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Patient	Idontifi	antion
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Common Disconforts		ICP Interventions	Info	F/U	R
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ODiarrhea					
OFed OFed OFed OFed OFed OFed OFed OFed					
O'Fatguer's needs O'Headaches	ODiarrhea	OEcd			
OFeadacanes OHeartburn OFed STT N 41-42 Heartburn OFed STT N 110-F, G OFed OHemorrhoids OEed OHormonal effects on gums OEed OLeg cramps OEed OLigament pain/backache OSed OSkin changes/striae OSed ODantal care OPed STT N 11-32 Nausea & Vomiting OFed STT N 10-D 1-2, Fi1-2 OFed ODanger signs/emery med. care OEed OPetal growth OFed OFed movement pattern OFed OFed STT H HO-NI OFed OFed Negal exercises OEed OFetal movement pattern OFed OFed Negal exercises OFed OPreterm labor education OFetal He HO-D OFetal He HO-D OFetal He HO-D OFetal He HO-D OFed OFed OFed OFetarlis OFed		OEcd			
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