

Notes

Pregnancy Information - Month 1

Current Gestational Age: _____ EDD: _____

Last Prenatal Visit: _____ Next Prenatal Visit: _____

Current Weight: _____ Previous Weight: _____

Experiencing Nausea/Vomiting: Yes No

Receiving WIC: Yes No

Discussed Proper Nutrition/Cravings of Non-Nutritional Value: Yes No

Discussed Importance of Regular Exercise: Yes No

Lead Exposure Info Given/Discussed: Yes No

Receiving Educational Info From Health Plan: Yes No

HIV/AIDS Testing, Counseling, Treatment Info: Yes No

Text 4 Baby/Bebe Info Given: Yes No

Needs Transportation to Visits (*covered by health plan*): Yes No

Pregnancy History (*complications, miscarriages, current children*):

Notes

Pregnancy Information - Month 2

Current Gestational Age: _____ EDD: _____

Last Prenatal Visit: _____ Next Prenatal Visit: _____

Current Weight: _____ Previous Weight: _____

Experiencing Nausea/Vomiting: Yes No

Receiving WIC: Yes No

Discussed Proper Nutrition/Cravings of Non-Nutritional Value: Yes No

Discussed Importance of Regular Exercise: Yes No

Lead Exposure Info Given/Discussed: Yes No

Receiving Educational Info From Health Plan: Yes No

HIV/AIDS Testing, Counseling, Treatment Info: Yes No

Text 4 Baby/Bebe Info Given: Yes No

Needs Transportation to Visits (*covered by health plan*): Yes No

Pregnancy History (*complications, miscarriages, current children*):

Notes

Pregnancy Information - Month 3

Current Gestational Age: _____ EDD: _____

Last Prenatal Visit: _____ Next Prenatal Visit: _____

Current Weight: _____ Previous Weight: _____

Experiencing Nausea/Vomiting: Yes No

Receiving WIC: Yes No

Discussed Proper Nutrition/Cravings of Non-Nutritional Value: Yes No

Discussed Importance of Regular Exercise: Yes No

Lead Exposure Info Given/Discussed: Yes No

Receiving Educational Info From Health Plan: Yes No

HIV/AIDS Testing, Counseling, Treatment Info: Yes No

Text 4 Baby/Bebe Info Given: Yes No

Needs Transportation to Visits (*covered by health plan*): Yes No

Pregnancy History (*complications, miscarriages, current children*):

Notes

Pregnancy Information - Month 4

Current Gestational Age: _____ EDD: _____

Last Prenatal Visit: _____ Next Prenatal Visit: _____

Current Weight: _____ Previous Weight: _____

Experiencing Nausea/Vomiting: Yes No

Receiving WIC: Yes No

Discussed Proper Nutrition/Cravings of Non-Nutritional Value: Yes No

Discussed Importance of Regular Exercise: Yes No

Lead Exposure Info Given/Discussed: Yes No

Receiving Educational Info From Health Plan: Yes No

HIV/AIDS Testing, Counseling, Treatment Info: Yes No

Text 4 Baby/Bebe Info Given: Yes No

Needs Transportation to Visits (*covered by health plan*): Yes No

Pregnancy History (*complications, miscarriages, current children*):

Notes

Pregnancy Information - Month 5

Current Gestational Age: _____ EDD: _____

Last Prenatal Visit: _____ Next Prenatal Visit: _____

Current Weight: _____ Previous Weight: _____

Experiencing Nausea/Vomiting: Yes No

Receiving WIC: Yes No

Discussed Proper Nutrition/Cravings of Non-Nutritional Value: Yes No

Discussed Importance of Regular Exercise: Yes No

Lead Exposure Info Given/Discussed: Yes No

Receiving Educational Info From Health Plan: Yes No

HIV/AIDS Testing, Counseling, Treatment Info: Yes No

Text 4 Baby/Bebe Info Given: Yes No

Needs Transportation to Visits (*covered by health plan*): Yes No

Pregnancy History (*complications, miscarriages, current children*):

Notes

Pregnancy Information - Month 6

Current Gestational Age: _____ EDD: _____

Last Prenatal Visit: _____ Next Prenatal Visit: _____

Current Weight: _____ Previous Weight: _____

Experiencing Nausea/Vomiting: Yes No

Receiving WIC: Yes No

Discussed Proper Nutrition/Cravings of Non-Nutritional Value: Yes No

Discussed Importance of Regular Exercise: Yes No

Lead Exposure Info Given/Discussed: Yes No

Receiving Educational Info From Health Plan: Yes No

HIV/AIDS Testing, Counseling, Treatment Info: Yes No

Text 4 Baby/Bebe Info Given: Yes No

Needs Transportation to Visits (*covered by health plan*): Yes No

Pregnancy History (*complications, miscarriages, current children*):

Notes

Pregnancy Information - Month 7

Current Gestational Age: _____ EDD: _____

Last Prenatal Visit: _____ Next Prenatal Visit: _____

Current Weight: _____ Previous Weight: _____

Experiencing Nausea/Vomiting: Yes No

Receiving WIC: Yes No

Discussed Proper Nutrition/Cravings of Non-Nutritional Value: Yes No

Discussed Importance of Regular Exercise: Yes No

Lead Exposure Info Given/Discussed: Yes No

Receiving Educational Info From Health Plan: Yes No

HIV/AIDS Testing, Counseling, Treatment Info: Yes No

Text 4 Baby/Bebe Info Given: Yes No

Needs Transportation to Visits (*covered by health plan*): Yes No

Pregnancy History (*complications, miscarriages, current children*):

Notes

Pregnancy Information - Month 8

Current Gestational Age: _____ EDD: _____

Last Prenatal Visit: _____ Next Prenatal Visit: _____

Current Weight: _____ Previous Weight: _____

Experiencing Nausea/Vomiting: Yes No

Receiving WIC: Yes No

Discussed Proper Nutrition/Cravings of Non-Nutritional Value: Yes No

Discussed Importance of Regular Exercise: Yes No

Lead Exposure Info Given/Discussed: Yes No

Receiving Educational Info From Health Plan: Yes No

HIV/AIDS Testing, Counseling, Treatment Info: Yes No

Text 4 Baby/Bebe Info Given: Yes No

Needs Transportation to Visits (*covered by health plan*): Yes No

Pregnancy History (*complications, miscarriages, current children*):

Notes

Pregnancy Information - Month 9

Current Gestational Age: _____ EDD: _____

Last Prenatal Visit: _____ Next Prenatal Visit: _____

Current Weight: _____ Previous Weight: _____

Experiencing Nausea/Vomiting: Yes No

Receiving WIC: Yes No

Discussed Proper Nutrition/Cravings of Non-Nutritional Value: Yes No

Discussed Importance of Regular Exercise: Yes No

Lead Exposure Info Given/Discussed: Yes No

Receiving Educational Info From Health Plan: Yes No

HIV/AIDS Testing, Counseling, Treatment Info: Yes No

Text 4 Baby/Bebe Info Given: Yes No

Needs Transportation to Visits (*covered by health plan*): Yes No

Pregnancy History (*complications, miscarriages, current children*):

Notes

Complex Care Nurse's Signature: _____ Date: _____

The American College of Obstetricians and Gynecologists (ACOG) Guideline for Initial Appointment:

1. First Trimester: Within 2 weeks of request for initial appointment
2. Second Trimester: Within 1 week of the request for an appointment
3. Third Trimester: Within 3 days of the request for an appointment
4. High-Risk Pregnancy: Within 3 days of the identification or immediately if an emergency exists

The American College of Obstetricians and Gynecologists (ACOG) Guideline for Return Appointments:

1. Every four weeks for the first 28 weeks
2. Every 2 to 3 weeks until 36 weeks
3. Every week from the 37th week until delivery