

# Checklist for Completing the Prenatal Risk Screen

*The easiest way to ensure the screen is completed on all of your patients is to include it with your standard intake forms at the first prenatal visit. Because some patients may have questions, it is best to have them complete the screen while in the office.*

- 1. Ask the patient to complete questions 1-16 and the box titled “Patient Information”.**  
Assure your patient that all information is kept confidential and there is no fee for our services.
- 2. Review the questions with the patient and make sure they didn’t forget anything in the “Patient Information” section. Answer any questions they might have.**  
This is also useful background information as you provide her prenatal care services.
- 3. Make sure the patient is consenting to be screened by signing and initialing the correct lines.**

I authorize the exchange of my health information between the Healthy Start Program, Healthy Start Providers, Healthy Start Coalitions, Healthy Families Florida, WIC, Florida Department of Health, and my health care providers for the purposes of providing services, paying for services, improving quality of services or program eligibility. This authorization remains in effect until revoked in writing by me.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please initial:  Yes  No I also authorize specific health information to be exchanged as described above, which includes any of my mental health, TB, alcohol/drug abuse, STD, or HIV/AIDS information.

\* If you do not want to participate in the screening process, please complete the patient information section only and sign below:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PROVIDER ONLY	LMP (mo/day/yr):	EDD (mo/day/yr):	18. Pre-Pregnancy: Wt: _____ lbs. Height: _____ ft. _____ in. BMI: _____	<input type="checkbox"/> 1 < 19.8 <input type="checkbox"/> 2 > 35.0
	Provider’s Name:	Provider’s ID: <b>NPI</b>	19. Pregnancy Interval Less Than 18 Months? <input type="checkbox"/> N/A <input type="checkbox"/> No	<input type="checkbox"/> 1 Yes
	Provider’s Phone Number:	Provider’s County:	20. Trimester at 1st Prenatal Visit? _____	<input type="checkbox"/> 1 2nd
	Healthy Start Screening Score: _____	Check One: <input type="checkbox"/> Referred to Healthy Start. If score <6, specify: _____ <input type="checkbox"/> Not Referred to Healthy Start.	21. Does patient have an illness that requires ongoing medical care? Specify illness: _____ <input type="checkbox"/> No	<input type="checkbox"/> 2 Yes
Provider’s/Interviewer’s Signature and Title _____			Date (mo/day/yr) _____	

DH 3134, 4/08, Stock Number: 5744-100-3134-7  
Distribution of copies: WHITE & YELLOW—County Health Department in county where screening occurred  
PINK—Retained in patient’s record  
GREEN—Patient’s Copy

- 4. Complete the “Provider Only” section at the bottom.**  
If the patient scores  $\geq 6$ , or otherwise wishes to receive Healthy Start services, please check referred.

## Calculating the Score










The subscript numbers on the Healthy Start prenatal risk screen are used to calculate the screening score. You can circle the subscript number next to each question where the patient received points. Simply add these points to calculate the score. Detailed instructions on calculating the score can be found on the back of the prenatal risk screen form. A woman can be eligible for Healthy Start services when:

**Patient has a screening score of  $\geq 6$**   
**Patient who, in the provider’s professional judgment, is at risk for a poor pregnancy outcome**  
**Patient requests services for herself**



## Referring Based on Other Factors Than Score

Factors other than the Healthy Start score may be present and should be considered when referring a patient. Use professional judgment to identify other things that can put a mother or baby at risk.

- |  |   |
|--|---|
|  Domestic violence      |  Positive Hepatitis B status |
|  Sexual abuse           |  Safety concerns             |
|  Child abuse or neglect |  Language barriers           |
|  Substance abuse        |  Food or housing needs       |
|  Positive HIV status    |   |

## Sending the Completed Screen

You must send the White and Yellow copies of the Healthy Start prenatal risk screen to your local County Health Department **within FIVE (5) business days**. Best practice is to mail them once weekly.

Florida Department of Health in Miami-Dade County  
Healthy Start Data Management Office  
18255 Homestead Avenue  
Miami, Florida 33157-5564

## Requesting More Prenatal Risk Screens

Medical staff is requested to monitor screens. Brochures, envelopes, cover sheets and informational rack cards to be used with the screen are also available by request. When quantities are low, please contact:

**Natalia Cap**  
**(305) 541-0210**  
**outreach@hscmd.org**

7205 NW 19<sup>th</sup> Street

Suite 500

Miami, FL 33126

Tel: (305) 541-0210 • Fax: (305) 541-0213

[www.hscmd.org](http://www.hscmd.org)



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Healthy Start Coalition of Miami-Dade



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