1. Last Name	First Name	MI
2. Patient Number		
3. Date of Birth (MM/DD/YYYY)	Month / Day / Year	
4. Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Unknown ☐ White		
5. Ethnic Origin ☐ Hispanic Cuban ☐ Hispanic Mexican American ☐ Hispanic Other ☐ Hispanic Puerto Rican ☐ Not Hispanic/Latino ☐ Unreported		
6. Gender ☐ Female ☐ Male		
7. County of Residence		

N.C. Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section

MATERNAL HEALTH HISTORY — PART C-2
Interval Psychosocial Screening and Results

To be filled by staff during appropriate intervals, for example during 2nd or 3rd trimester, postpartum or as needed.

SINCE THE LAST TIME WE ASKED YOU HAVE YOU…

	2nd Trimester	3rd Trimester	Postpartum
Depression	Date: / /	Date: / /	Date: / /
1. Felt down, depressed, or hopeless?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
2. Felt little interest or pleasure in doing things?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Domestic Violence			
3. Thought about hurting yourself or someone else?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
4. Been threatened or actually hit, slapped, kicked, or otherwise physically hurt by anyone?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
5. Been forced into sexual relations when you were not willing?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Tobacco Use			
6. Started smoking, chewing tobacco or dipping snuff?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Substance Abuse			
7. Drunk alcohol or used any illegal drugs?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

RECORD RESULTS:	**INITIAL (see previous form)**	**Additional Screening**	**2nd Trimester**	**3rd Trimester**	**Postpartum**
Referral Done	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Referred to: ☐ PCM ☐ LCSW ☐ Mental Health ☐ Nurse Family Partnership ☐ Other: ______					
Referral Date:	/ /	/ /	/ /	/ /	/ /
Resolved Date:	/ /	/ /	/ /	/ /	/ /

Comments/Notes: ______________________________

Interpreter Used: ☐ N/A ☐ No ☐ Yes Interpreter Name ______________________

2nd Trimester — Staff Reviewer's Signature ______________________ Date ________

3rd Trimester — Staff Reviewer's Signature ______________________ Date ________

Postpartum — Staff Reviewer's Signature ______________________ Date ________

MATERNAL HEALTH HISTORY — PART C-2
Interval Psychosocial Screening and Results

Purpose: To assess and document psychosocial information on a prenatal patient after the initial intake, during the postpartum period or as needed.

Instructions: To be completed by staff or appropriate personnel. This section is not appropriate for self administration because the results are posted on the same page. The key words are SINCE THE LAST TIME WE ASKED YOU, so the questions are looking for change or continued patterns of problem behaviors. It is suggested that these screens be done at intervals in different trimesters, but if a problem is suspected the intervals can be done at any time deemed necessary by the clinician. Any positive finding could result in additional referrals and should be documented. If an additional referral takes place, who the referral was to: Pregnancy Care Manager (PCM), Licensed Clinical Social Worker (LCSW), Mental Health Professional or Local Medical Entity, Nurse Family Partnership (NFP) or Other should be specified.

If a patient already has a PCM, provide the attached copy, with any positive findings to that PCM. Use carbon copy for referral sources. This is part of the prenatal medical record and the original copy must stay with the patient's record. .

Use the results section to document proper referral data for positive findings. Place the results from the initial psychosocial screening form in the "initial" column. Use additional screening column to record results from screens conducted during a different interval.

Disposition: This form is to be retained in accordance with the records disposition schedule of medical records as issued by the Division of Archives and History.

Reorder: Additional forms may be ordered from:

DHHS
Women's and Children's Health Section
Women's Health Branch
1929 Mail Service Center
Raleigh, NC 27699-1929
Courier: #56-20-11
Phone: (919) 707-5700
FAX: (919) 870-4827