Select Health of South Carolina

Healthy Connections

Pregnancy Risk Assessment Information

Please fax this form to Select Health of South Carolina at **1-866-533-5493**.
If you have questions, please call Bright Start® at **1-888-559-1010**.

Provider information

Provider name:	Tax ID #:
Address:	
Phone:	Fax:

Member information

Member name:		Medicaid ID #:
Address:		Email:
Date of birth:	Language preferred:	Phone:
Race:	Ethnicity:	

Tobacco use	Pre-pregnancy	1st Trimester	2nd Trimester	3rd Trimester
Average number of cigarettes smoked per day. If none enter 0; 1 pack = 20 cigarettes				

Pregnancy information & history

Date of first prenatal visit: 17P Candidate: ☐ Yes ☐ No

EDD:	Gest. Age:	Gravida:	Para:	Pre-term:	Living:

Abortions: Spontaneous: Induced: ☐ Three consecutive abortions

Last pregnancy

- ☐ Low birth weight < 2500 grams
- ☐ Gestational diabetes
- ☐ Pre-term delivery (gest. age:)
- ☐ Congenital anomaly:
- ☐ Other (specify):
- ☐ History of incompetent cervix
- ☐ Premature rupture of membranes (ROM)
- ☐ Classical incision previous C-section
- ☐ Fetal death greater than 20 weeks
- ☐ Pre-eclampsia/eclampsia
- ☐ Intrauterine growth restriction (IUGR)
- ☐ Sexually transmitted disease (STD) history
- ☐ Postpartum depression
- ☐ Hx of deep vein thrombosis/pulmonary embolism

Current pregnancy

☐ Multiple gestation: ☐ Twins ☐ Triplets ☐ Other:

- ☐ Premature labor
- ☐ Placenta previa
- ☐ Premature ROM
- ☐ STD
- ☐ IUGR
- ☐ Seizure disorder
- ☐ Diabetes
- ☐ Other (specify):
- ☐ Heart disease
- ☐ Hypertension
- ☐ Previous delivery within 1 year of EDD
- ☐ 2nd/3rd trimester bleeding
- ☐ Asthma
- ☐ Pre-eclampsia
- ☐ RH sensitization
- ☐ Sickle cell disease
- ☐ Incompetent cervix
- ☐ Late and/or inconsistent prenatal care
- ☐ Periodontal disease
- ☐ HIV
- ☐ Eclampsia
- ☐ Renal disease
- ☐ Abnormal ultrasound
- ☐ Alcohol or drug problems
- ☐ Poor weight gain
- ☐ Pregnancy-induced hypertension (PIH)
- ☐ No current risk

Pregnancy information & history			
Active mental health conditions			
☐ No mental health conditions	☐ Schizophrenia	☐ Bipolar	☐ Depression
☐ Other (specify):			
Social, economic, and lifestyle issues			
☐ No identified social, economic, or lifestyle issues		☐ Eating disorder	☐ Intellectual impairment
☐ Homelessness	☐ Opioid therapy	☐ Substance abuse (specify type)	
☐ Mental/physical/sexual abuse (current or hx. of)			

Please call Bright Start or fax an updated form if the member has any changes in condition during pregnancy. This updated information can assist Bright Start with member outreach.

Maternity Authorization #:

Covering dates of service to