

# Risk Factors

Name \_\_\_\_\_

**Family History:**

**Father:** Alive and well? Y N

**Siblings:** Alive and well? Y N

**Mother:** Alive and well? Y N

G \_\_\_ P \_\_\_ AB \_\_\_ L \_\_\_ C-sec \_\_\_

**Circle all that apply to mother, father, aunts on mothers side and sisters:** Heart disease, Blood disorders, TB, Hypertension, Kidney problems, Diabetes, Allergies, Twins, Genetic anomalies, Downs, Cancer, Other

**Personal History:** Check all that applies (all Score 10)

<input type="checkbox"/> Diabetes Not diet controlled	<input type="checkbox"/> Thrombophlebitis	<input type="checkbox"/> Cancer
<input type="checkbox"/> Drug addiction	<input type="checkbox"/> Rh sensitization	<input type="checkbox"/> TB
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Renal Disease	<input type="checkbox"/> Blood disease
<input type="checkbox"/> Seizures	<input type="checkbox"/> Lupus	<input type="checkbox"/> Chronic hypertension
<input type="checkbox"/> Cervical Incompetence		

If any of the above conditions exist, the client must be referred to a physician for high risk care.

**Check all that apply:**

- One or more babies under 5 lbs 8oz  3
- Mothers less than 15 years  5
- Severe hyperemesis  5
- Two of more premature births  5
- Previous preterm ROM <36 weeks  4
- Previous LGA, ten pounds or more  4
- Previous Shoulder Dystocia, resulting in infant trama  7
- Previous IUFD (stillbirth)  3
- Previous Neonatal Death (within 1 Month)  3
- Three or more consecutive SAB  7
- Previous PIH, requiring medications, or hospitalization  5
- Placenta abruption or previa  7
- Gestational diabetes, diet controlled  2
- Severe post-partum hemorrhage ( requiring blood transfusion)  5
- Previous uterine surgery  2
- Previous anomalies or genetic disorders  3
- Possible social-economic problems  3
- Significant psychological dysfunction  5
- Rheumatic Fever  7
- Pelvic/genital tract abnormalities  3

- Endocrine, renal, cardiac or vascular system disorders  3
- Anomalies or genetic disorders mother or father  3
- Chronic medical disease ( syphilis, thrombophlebitis, embolism, HIV, etc)  3

**Total Risk** \_\_\_\_\_

(Score of 10+ high risk, 5-9 moderate, 1-5 Low risk)

**Other factors:**

- Smoking Y N  Less than 10 per day  
 More Than 10
- Alcohol Y N  Daily  Occasionally  
 Rarely
- STD's Y N  Herpes  Syphilis  
 Gonno.  Other
- Drugs Y N  Medications  O/C Drugs  
 Street
- Age Y N  Below 16  Above 35  
 Waiver Signed

Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

