Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

PRENATAL ASSESSMENT

Name:
Date of Birth: **Age:**
Gender:
Home Address:
PARIS ID:
PHN:
Phone:
Physician:
School Name:

Assessment Start Date: **Assessment End Date:**

Prenatal Referral

Expected Date of Birth At Referral:

Reason(s) For Referral

- ☐ Mental Health
- ☐ Alcohol Use
- ☐ Substance Use
- ☐ Tobacco Use
- ☐ Lack of Support/Isolation
- ☐ Financial Stress
- ☐ Age
- ☐ Limited Cognitive Abilities
- ☐ Inadequate Housing
- ☐ Nutritional Concerns
- ☐ Relationship Concerns
- ☐ Limited Education/ Literacy
- ☐ Intimate Partner Violence (IPV)
- ☐ First Nations - On Reserve
- ☐ First Nations - Off Reserve
- ☐ Recent Immigrant
- ☐ Other, Specify:

Comments:

Referral Is A Result of A Universal Screening? ☐ YES ☐ NO
Pregnancy Questionnaire Completed? ☐ YES ☐ NO
Referral Is A Result of Pregnancy Questionnaire? ☐ YES ☐ NO
Method of Contact:
Comments:

Completion

☐ Section Complete

Assessed By:
Assessed On:

PRENATAL ASSESSMENT

Name:	**PARIS ID:**

Prenatal History

Expected Date of Birth At Referral:

Gravida: Term: Preterm: Abortion: Living:

Pregnancy Type: ☐ SINGLETON ☐ TWIN ☐ MULTIPLE

Number of Weeks Pregnant At First Prenatal Appointment:

Health History

☐ Heart Problems ☐ Diabetes I ☐ Diabetes II
☐ Epilepsy ☐ Chronic Gastrointestinal Diseases ☐ Chronic Urinary Tract Infections
☐ Sexually Transmitted Infections ☐ High Blood Pressure ☐ Kidney Disease
☐ Sickle Cell Disease ☐ Asthma / Other Chronic Pulmonary Diseases ☐ Chronic Vaginal Infections
☐ Mental Health:
☐ Other, Specify:

Number of Times Client Has Been Treated For UTI While Pregnant:
Number of Times Client Has Been Treated For Vaginal Infection While Pregnant:
Number of Times Client Has Been Treated For An STI While Pregnant:

Rubella Status: ☐ IMMUNE ☐ NOT IMMUNE ☐ UNKNOWN
Chicken Pox Status: ☐ IMMUNE ☐ NOT IMMUNE ☐ UNKNOWN
Immunizations Up To Date: ☐ YES ☐ NO ☐ UNKNOWN

Comments:

Pre-Pregnancy Weight

Metric		**Imperial**			
Weight:	kg	Weight:	lbs	oz	BMI:
Height:	cm	Height:	ft	in	

Breastfeeding Plans

Breastfed As a Child: ☐ YES ☐ NO ☐ UNKNOWN
Previous Breastfeeding Experience: ☐ YES ☐ NO
If Yes, Longest Duration:
Plan To Breastfeed: ☐ YES ☐ NO ☐ UNKNOWN

Reason(s) For Planning To Breastfeed

☐ Partner/Family Encouraged Me ☐ Friend(s) Encouraged Me
☐ Breastfeeding Is Best For The Baby ☐ Breastfeeding Is Convenient
☐ Breastfeeding Is Economical
☐ Breastfeeding Will Help Me Lose Weight After The Baby
☐ Other, Specify:

Name: **PARIS ID:**

Prenatal History (continued)

Social History

Completion

☐ Section Complete

Assessed By:
Assessed On:

Prenatal Assessment

Assessed On:
Time:
Contact Type (HV, TC, CHC, FV, OV, CV):
Number of Weeks of Gestation:

Assessments	Client Outcomes (NC, C, X)
Prenatal Care	Recommended Medical Follow Up: Recommended Dental Care: Communicable Disease: Management of Chronic / Acute Illness:
Physical Health	Physical Changes of Pregnancy: Comfort Measures / Coping: Warning Signs:
Nutrition	Recommended Daily Nutritional Intake: Recommended Nutritional Supplement: Specialized Dietary Needs: Food Safety: Food Security: **Prenatal Weight Gain** Current Weight (kg): Total Weight Gain (kg): In Recommended Singleton Range: In Recommended Twin Range:
Emotional Health	Emotional Changes: Depression: Anxiety: Coping Skills: Other Mental Health Concerns:

PRENATAL ASSESSMENT

Name:	**PARIS ID:**

Prenatal Assessment (continued)

Assessed On:

Time:

Contact Type (HV, TC, CHC, FV, OV, CV):

Number of Weeks of Gestation:

Assessments	Client Outcomes (NC, C, X)
Sexual Health	Sexuality / Sexual Health: Future Contraception:
Lifestyle	Activity and Rest: Tobacco Use: Alcohol Use: Substance Use: Medication(s): Hazards in Pregnancy
Preparation for Parenthood	Fetal Growth and Development: Signs of Labour: Prenatal Education: Labour and Delivery Plans: Infant Feeding Plans: Preparing To Bring Baby Home:
Supports and Resources	Healthy Relationships: Intimate Partner Violence (IPV): Community Resources: Adequate Housing: Finances / Employment:
Other	Other:

Assessed By:

PRENATAL ASSESSMENT

Name: **PARIS ID:**

Teaching Resources

Assessed By: Assessed On:

Teaching Resources:

If Other, Specify:

Comments:

Assessed By: Assessed On:

Teaching Resources:

If Other, Specify:

Comments:

Assessed By: Assessed On:

Teaching Resources:

If Other, Specify:

Comments:

Support Services

Assessed By: Assessed On:

Support Service:

If Other, Specify:

Comments:

Assessed By: Assessed On:

Support Service:

If Other, Specify:

Comments:

Assessed By: Assessed On:

Support Service:

If Other, Specify:

Comments:

Name:	**PARIS ID:**

Other People Involved

Copies To Be Sent To

Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

-- **End of Report** --