



REGIONAL PRENATAL NEEDS SCREEN

Please answer the questions below so that we can tell you about free services you can get while you are pregnant and after your child is born.

*Required

Your Name: * _____ DOB * _____

Address: * _____ Phone Number * _____

1) Do you have medical insurance? OHP (Oregon Health Plan)
 CAWEM (Citizen/Alien Waived Emergent Medical) Private Insurance
None

2) Are you on WIC for this pregnancy? Yes No

3) Have you seen a prenatal provider for this pregnancy?

Yes No No, but I have scheduled my first appointment

If yes or scheduled, who is your prenatal provider? _____

Date of Appointment: _____

4) What is your estimated due date? _____

5) Who are the most helpful people to you during this pregnancy?

Partner Self Family Friend Other _____

6) Are you having any dental problems? Yes No _____

7) Which of the following make it hard for you to keep appointments?

Transportation Childcare Work None Other _____

8) On a scale from 0-10 (0-Low, 10-High), what is your stress level right now? _____

9) Which of the following things do you worry about? (check all that apply)

Food Medical Depression or anxiety Other _____
 Housing Vision Safety
 Money Partner/family support

10) Consent and agreement (*please initial and sign below*) *Required

_____ I would like to know about free programs that can help me while I am pregnant and after my baby is born. I understand that an employee from Crook, Deschutes, or Jefferson County Health Department will contact me to let me know what I might be eligible for. _____ Please do not contact me at this time.

Client Signature

Date