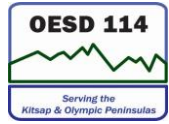




Olympic Educational Service District 114

105 National Avenue North, Bremerton, Washington 98312
(360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



PRENATAL WELLNESS ASSESSMENT

Date Completed: _____

Mother's Name: _____ Due Date: _____

Medical Insurance: _____ Primary Care Provider: _____

Date of last prenatal exam: _____ Date of next scheduled prenatal exam: _____

Has your prenatal provider stated this is a high risk-pregnancy? _____

Other Services/Specialists/Public Health Nurse: _____

Dental Insurance: _____ Dental Provider: _____

Date of last Dental Exam: _____ Up to date on Immunizations: _____

What are your strengths as a parent? _____

What are you doing to prepare for your baby's birth? _____

What are you looking forward to the most with the birth of your baby? _____

Do you have any health concerns with your pregnancy? _____

Who is your support system? _____

Do you or anyone in your family want information about substance abuse and treatment (tobacco, alcohol, drugs)? _____

Are there any foods you cannot eat for medical, cultural or religious reasons? _____

Tell me about mealtimes? What are your favorite foods? What makes mealtime enjoyable and what makes it challenging? _____

Do you have any questions or concerns about your nutrition? _____

