Preconception Health Screening/Counseling Checklist

<table>
<thead>
<tr>
<th>Medical Record #:</th>
<th>Date Done</th>
<th>Pending Action</th>
<th>Comments/Provider's Initials</th>
</tr>
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<tbody>
<tr>
<td>Patient name:</td>
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**Family Planning**
- Pregnancy planning and spacing
- Pregnancy prevention

**Social History**
- Social support (safety, resources)
- Alcohol use
- Tobacco use
- Illicit drug use
- Exercise
- Teratogen exposure (e.g., lead, chemicals at work)

**Nutrition History**
- Special diet
- Eating disorder
- Adequate vitamin/mineral intake (e.g., Ca, folate, D)

**Medical History**
- Diabetes
- Thyroid disease
- Asthma
- Cardiovascular Disease
- Hypertension
- Deep Venous Thrombosis
- Kidney Disease
- Autoimmune Disease
- Neurologic Disease
- Hemoglobinopathy
- Other medical or surgical problems

**Infectious Disease History**
- STD’s including HIV, HPV
- Hepatitis B (immunize if at high risk)
- Rubella (test, if nonimmune, immunize)
- Toxoplasmosis
- Varicella (chicken pox)

**Medications**
- Over the counter medications
- Prescription medications

**Reproductive History**
- Uterine abnormalities
- 2 or more first trimester SAb’s
- One or more 2nd trimester losses
- Any fetal deaths
- Preterm deliveries
- Any infants admitted to NICU

**Family History**
- Birth defects
- Hemoglobinopathies
- Mental retardation
- Cystic fibrosis
- Tay-Sachs disease
- Consanguinous marriage