1. Last Name	First Name	MI

2. Patient Number									

3. Date of Birth (MM/DD/YYYY)			
	Month	Day	Year

4. Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Unknown ☐ White ☐ Other _____

5. Ethnic Origin ☐ Hispanic Cuban ☐ Hispanic Mexican American ☐ Hispanic Other ☐ Hispanic Puerto Rican ☐ Not Hispanic/Latino ☐ Unreported

6. Gender ☐ Female ☐ Male

7. County of Residence

N.C. Department of Health and Human Services
Division of Public Health
Women, Infant, and Community Wellness Section

MATERNAL HEALTH HISTORY — PART C-2
Interval Psychosocial Screening and Results

(TO BE FILLED OUT BY STAFF DURING APPROPRIATE INTERVALS, FOR EXAMPLE DURING 2nd OR 3rd TRIMESTER, POSTPARTUM OR AS NEEDED)

Please complete the following questions. Put an X or check mark in the box for YES or NO, as it applies.

SINCE THE LAST TIME WE ASKED YOU, HAVE YOU…	**2nd Trimester**	**3rd Trimester**	**Postpartum**
Depression	Date: / /	Date: / /	Date: / /
1. Over the last two weeks have you had little interest or pleasure in doing things?	☐ No ☐ Yes	☐ No ☐ Yes	
2. Over the last two weeks have you felt down, depressed or hopeless?	☐ No ☐ Yes	☐ No ☐ Yes	
3. At any time in the past two weeks have you had thoughts you would be better off dead and or hurting yourself or someone else in some way for at least several days in the last two weeks?	☐ No ☐ Yes	☐ No ☐ Yes	
4. If yes to Questions 1, 2, or 3, then completion of PHQ-9 or EPDS is required.	Score _____	Score _____	
5. Full EPDS or PHQ-9 completed.			Score _____
Interpersonal Violence			
6. Since we last saw you have you been threatened, hit, slapped, kicked, or spit on?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
7. Since we last saw you have you been forced into sexual acts which made you feel uncomfortable?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
8. Do you feel your home is a safe place to bring your baby?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Tobacco Use			
9. Since we last saw you have you used any tobacco or nicotine products; such as, cigarettes, cigars, chewing tobacco, snuff, e-cigarettes or vape products?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Substance Use			
10. Since the last time we saw you, have you drunk alcohol, used any illegal drugs or taken any prescription medications not given to you by a doctor?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes 5P's completed

RECORD RESULTS:	**INITIAL (see previous form)**	**Additional Screening**	**2nd Trimester**	**3rd Trimester**	**Postpartum**
Referral Done	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Referred to: ☐ PCM ☐ LCSW ☐ Mental Health ☐ Nurse Family Partnership ☐ Other: _____					
Referral Date:	/ /	/ /	/ /	/ /	/ /
Resolved Date:	/ /	/ /	/ /	/ /	/ /

Comments/Notes: _____

_____

_____

Interpreter Used: □ N/A □ No □ Yes Interpreter Name _____

2nd Trimester — Staff Reviewer's Signature _____ Date _____

3rd Trimester — Staff Reviewer's Signature _____ Date _____

MATERNAL HEALTH HISTORY — PART C-2
Interval Psychosocial Screening and Results

Purpose: To assess and document psychosocial information on a prenatal patient after the initial intake, during the postpartum period.

Instructions:

Depression: Yes to #1 or #2, PHQ-9 or EPDS should be completed. Based on the score a referral could be a needed to LCSW, or Local Management Entity/community mental health resources.

Yes to #3, **immediate crisis intervention** should occur guided by Health Department policy.

Interpersonal Violence: Yes, for any or all, #6, #7, #8 requires further clinician response and evaluation to establish (1) patient's current safety, (2) need for a safety plan, and/or (3) referral to community resources. Health Department policy should guide this intervention.

Tobacco Use: Yes to #9 requires further clinician response including the 5 A's and evaluation for smoking cessation.

Substance Use: Yes to #10 requires further clinician response including the Modified 5 P's and evaluation for substance use. Modified 5 Ps Form: https://wicws.dph.ncdhhs.gov/provpart/forms.htm

If a patient is receiving Care Management services, inform the Care Manager of any positive findings.

Record Results: Used to document referral information. The results from the initial psychosocial screening form should be recorded in the "initial" column. Additional Screening Column is used to record results from screenings conducted during a different interval.

Comments: Added as deemed necessary & appropriate by clinician.

Disposition: This form is to be retained in accordance with the records disposition schedule of medical records as issued by the Division of Archives and History.

Location: Go to the following link to access this form and print as needed:
https://wicws.dph.ncdhhs.gov/provpart/forms.htm