

Date: _____

Name of Caregiver: _____

Address: _____

Phone: _____

Caregiver Date of Birth: _____

Race: _____

Baby's Due Date: _____ Baby's Birth Date: _____

Please answer T(True), F(False) or U (Unknown) to the following questions.

1. ___ *Caregiver is single, separated, widowed, or divorced*
2. ___ Caregiver's partner is unemployed
3. ___ Inadequate income per patient or no information regarding source of income
4. ___ Unstable housing
5. ___ No phone
6. ___ Caregiver's education is less than 12 years
7. ___ Emergency contacts do not include her immediate family
 If given, Name/Relationship _____
 Phone Number _____
8. ___ History of substance abuse
9. ___ *Late prenatal care entrance, no prenatal care, poor compliance*
10. ___ History of abortions
11. ___ History of psychiatric care
12. ___ *Abortion unsuccessfully sought or attempted*
13. ___ Adoption sought or attempted
14. ___ Marital or family stresses
15. ___ History of, or current, depression

Referral Source Name: _____

Referral Source Number/Email: _____

Screen Outcome: _____

Please fax or email the completed form to Lisa Denny at lisa.denny@roact.org or 540-344-3520.

Scoring Procedures:

Positive Screen:

- #s 1,9, or 12 are true, or any 2 items on the screen are true, or
- There are 7 or more unknowns.

Negative Screen:

- #s 1,9,12 are all false, and no more than one item is true, and there are less than 7 unknowns.