Preconception Health Screening/Counseling Checklist

Medical Record #: _____

Patient name: _____

	Date Done	Pending Action	Comments/Provider's Initials
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			

Source: Bernstein, P S, T Sanghvi, and I R Merkatz. 2000. "Improving preconception care." *The Journal Of Reproductive Medicine* 45, no. 7: 546-552.