



Mail to: **1901 North DuPont Highway** OR Fax to:  
**P.O. Box 906—Lewis Building 302-255-4481**  
**New Castle, DE 19720**

**8.6 SMART START REFERRAL**

**RISK FACTOR SCORING**

Please retain a copy of this form for the medical record

<b>Member Name:</b>		<b>Member G/P:</b>	
<b>Member ID#:</b>	<b>SS #:</b>	<b>D.O.B.:</b>	<b>EDC:</b>
<b>Member Address: (street):</b>			
<b>(City, State Zip)</b>		<b>Member Phone:</b>	
<b>Prenatal Care Provider:</b>			
<b>Smart Start Site:</b>		<b>Care Manager:</b>	
<b>Date Form Completed:</b>		<b>Member Effective Date:</b>	

**IDENTIFIED RISK FACTORS:**

**Nutrition**

- 1. Anemia
- 2. Overweight
- 3. Low pregravid weight with low weight gain
- 4. Lactose intolerance/allergies
- 5. Pica
- 6. PKU
- 7. Inadequate diet

**Social**

- 1. Homeless
- 2. Poor/Inadequate housing
- 3. Lack of transportation
- 4. Intellectually Impaired (DOC)
- 5. Emotional/Psychological problems
- 6. Inadequate parenting skills
- 7. Inadequate support system
- 8. Education < 12 years and age > 20 years
- 9. Language barrier/illiterate
- 10. Child abuse
- 11. Domestic violence history

**Medical**

- 1. 2cm dilated/50% effaced
- 2a. Insulin controlled diabetic/gest. Diabetes
- 2b. Diet controlled diabetic/gest. Diabetes
- 3. Chronic Hypertension
- 4. PIH – Pregnancy Induced hypertension
- 5. HIV +
- 6. STD (Sexually Transmitted Disease)
- 7a. History of a spontaneous abortion
- 7b. Three or more induced abortions
- 8. Four or more pregnancies

**Medical (continued)**

- 9. Use of drugs/alcohol current within past year
- 10. Previous birth anomalies
- 11. Pre-term labor or previous pre-term, delivery
- 12. Current multiple gestation
- 13. Pregnant again within one (1) year
- 14. RH Negative
- 15. Late (>18 weeks) or non-compliant
- 16. Incompetent cervix
- 17. Renal
- 18. Documented cardiac condition
- 19. UTI – Urinary Tract Infection
- 20. Placenta Previa
- 21. Polyhydramnios
- 22. Positive genetic screening
- 23. Abnormal ultrasound
- 24. Low birth weight
- 25. Hyperemesis
- 26. Vaginal Infection
- 27. Sickle Cell Disease
- 28. Age < 18 or > 34
- 29. Family history/DM or HBP
- 30. Previous stillborn
- 31. Blood dyscrasia affecting fetus
- 32a. Deep vein thrombosis
- 32b. Phlebitis
- 32c. Varicose veins
- 33. Seizure Disorder
- 34. Hepatitis B
- 35. Asthma/respiratory conditions
- 36. CMV/Toxoplasmosis
- 37. Smoking
- 38. Other \_\_\_\_\_