

## COMPREHENSIVE PERINATAL SERVICES PROGRAM Assessment Risk/Strength Summary

### Instructions for Use

The Assessment Risk/Strength Summary is designed to be used as a summary of risk/strengths identified on a completed State Initial Combined Assessment (CDPH 4455). The form may be completed by any qualified Comprehensive Perinatal Services Program (CPSP) practitioner, as defined in Title 22, Section 51179. The use of this summary sheet is optional.

### Purpose

The Assessment Risk/Strength Summary sheet provides a quick visual summary of the risks and strengths of a CPSP client, as identified at the completion of the initial assessment. It is **not** a substitute for the Individual Care Plan. The summary has several potential uses, for example:

- Together, the client and practitioner can review risks and strengths, identify priorities, and develop an Individual Care Plan;
- The form, with prior approval, could be used as documentation for a managed care plan of a client's risk and need for interventions;
- Used as a data summary sheet, with information compiled, analyzed, and tracked over time to give a picture of the needs of the clients for a particular practice site.

### Procedures/Documentation

The Assessment Risk/Strength Summary sheet is approved to be completed by any qualified CPSP practitioner.

1. Inform the client of the purpose for completing the summary (this may vary by practice setting).
2. Review each section of the Initial Combined Assessment (CDPH 4455) and complete the applicable information in the corresponding section of the summary document.
3. For each section, identify client strengths and document them on the form.
4. Most sections have space to identify other risks that are not already listed on the form; document as necessary.
5. Store document as specified for the practice site.

## ASSESSMENT RISK/STRENGTH SUMMARY

(To be used in conjunction with CDPH 4455, Initial Combined Assessment)

<p><b>Personal Information</b></p> <p>Age: <input type="checkbox"/> &lt;12 yr. <input type="checkbox"/> 12–17 yr. <input type="checkbox"/> 35+ yr.</p> <p>Resident: <input type="checkbox"/> &lt;1 yr.</p> <p><input type="checkbox"/> Children living out of home</p> <p><input type="checkbox"/> _____</p> <p>Strengths: _____</p> <p>_____</p>	<p><b>Economic Resources</b></p> <p><input type="checkbox"/> No financial support from FOB</p> <p><input type="checkbox"/> Insufficient food supplies</p> <p><input type="checkbox"/> Needs WIC referral</p> <p><input type="checkbox"/> _____</p> <p>Strengths: _____</p> <p>_____</p>	<p><b>Housing</b></p> <p><input type="checkbox"/> Transient housing</p> <p><input type="checkbox"/> Substandard housing</p> <p><input type="checkbox"/> No phone    <input type="checkbox"/> Message phone</p> <p><input type="checkbox"/> Weapons in home</p> <p>Strengths: _____</p> <p>_____</p>
<p><b>Transportation</b></p> <p><input type="checkbox"/> No reliable transportation</p> <p><input type="checkbox"/> Needs referral for infant car safety seat</p> <p><input type="checkbox"/> No seat belt use</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Strengths: _____</p> <p>_____</p> <p>_____</p>	<p><b>Current Health Practices</b></p> <p><input type="checkbox"/> Needs dental care</p> <p><input type="checkbox"/> Medication use since LMP</p> <p><input type="checkbox"/> Chemical exposure</p> <p><input type="checkbox"/> Poor HX using health care system</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Strengths: _____</p> <p>_____</p> <p>_____</p>	<p><b>Pregnancy Care</b></p> <p><input type="checkbox"/> Ambivalent about pregnancy</p> <p><input type="checkbox"/> Unwanted pregnancy</p> <p><input type="checkbox"/> Lacks support for pregnancy, L&amp;D, postpartum</p> <p><input type="checkbox"/> Using natural remedies</p> <p><input type="checkbox"/> HX pregnancy/child losses</p> <p><input type="checkbox"/> HX STI self/partner</p> <p><input type="checkbox"/> Needs referral for discomforts of pregnancy</p> <p>Strengths: _____</p> <p>_____</p> <p>_____</p>
<p><b>Nutrition</b></p> <p><input type="checkbox"/> Anthropometric data outside of NL: _____</p> <p><input type="checkbox"/> Biochemical data outside of NL: _____</p> <p><input type="checkbox"/> Clinical conditions outside of NL: _____</p> <p><input type="checkbox"/> Poor appetite</p> <p><input type="checkbox"/> PICA</p> <p><input type="checkbox"/> Special diet: _____</p> <p><input type="checkbox"/> Inappropriate vitamin/mineral use</p> <p><input type="checkbox"/> Unusual dietary practices</p>	<p><input type="checkbox"/> HX or current eating disorder</p> <p><input type="checkbox"/> Inadequate diet (24-Hour Recall)</p> <p><input type="checkbox"/> Inappropriate weight gain (grid)</p> <p><input type="checkbox"/> Excessive caffeine intake</p> <p>Strengths: _____</p> <p>_____</p> <p><b>Infant Feeding</b></p> <p><input type="checkbox"/> Has never breast-fed</p> <p><input type="checkbox"/> HX problem with breast feeding</p> <p><input type="checkbox"/> Lacks support for breast feeding</p> <p>Strengths: _____</p> <p>_____</p> <p>_____</p>	<p><b>Coping Skills</b></p> <p><input type="checkbox"/> Experiencing significant life stressors</p> <p><input type="checkbox"/> HX domestic violence</p> <p><input type="checkbox"/> Victim of violence/sexual abuse: self/children/parents</p> <p><input type="checkbox"/> HX suicidal ideation/attempt</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Inadequate support system</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Strengths: _____</p> <p>_____</p> <p>_____</p>
<p><b>Tobacco, Drug, Alcohol Use</b></p> <p><input type="checkbox"/> Uses tobacco</p> <p><input type="checkbox"/> Current HX alcohol use/abuse</p> <p><input type="checkbox"/> Current HX drug use/abuse</p> <p><input type="checkbox"/> Partner uses/abuses drugs/alcohol</p> <p>Strengths: _____</p> <p>_____</p> <p>_____</p>	<p><b>Education and Language</b></p> <p>Education: <input type="checkbox"/> &lt;8 yr.    <input type="checkbox"/> 9–11 yr.</p> <p><input type="checkbox"/> Non-English-speaking/reading</p> <p><input type="checkbox"/> Low literacy skills</p> <p><input type="checkbox"/> _____</p> <p>Strengths: _____</p> <p>_____</p> <p>_____</p>	<p><b>Educational Interests</b></p> <p><input type="checkbox"/> Barriers to attending classes</p> <p><input type="checkbox"/> Mental, emotional, or physical conditions affecting learning</p> <p><input type="checkbox"/> _____</p> <p>Strengths: _____</p> <p>_____</p> <p>_____</p>
<p><b>Obstetrics</b></p> <p><input type="checkbox"/> Diabetes, gestational/overt</p> <p><input type="checkbox"/> Chronic/high risk medical condition</p> <p><input type="checkbox"/> VBAC, repeat C-Section</p> <p><input type="checkbox"/> Multiple gestation</p> <p><input type="checkbox"/> Short pregnancy interval</p>	<p><input type="checkbox"/> Late entry to care</p> <p><input type="checkbox"/> Hypertension/PIH</p> <p><input type="checkbox"/> Hyperemesis</p> <p><input type="checkbox"/> Urinary tract infection</p> <p><input type="checkbox"/> Underweight/obese pre-pregnancy</p> <p><input type="checkbox"/> Hx preterm labor</p>	<p><input type="checkbox"/> Hepatitis B+/HIV+</p> <p><input type="checkbox"/> Rubella negative</p> <p><input type="checkbox"/> Religious restrictions to procedures</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>