

RISK ASSESSMENT

Maternal History (P=past; C=current; ?=unknown)				
P	C	?		Comments
			Substance use disorder history	Duration; substances; freq/quant of use
			Opioid use disorder history	Duration; opioids; freq/quant of use
			Tobacco use history	Duration; freq/quant of use
			Alcohol use history	Duration; freq/quant of use
			Mental health history	
Comments:				
Maternal Substance Exposure				
Y	N	?		
			Medications (prescribed; used as directed)	List
			Medications (prescribed; not used as directed)	List with time of last use
			Substances (not prescribed)	List with time of last use
Comments:				
Maternal Screening				
			Substance use screening during pregnancy	Date, results, follow-up, if known
			Opioid use screening during pregnancy	Date, results, follow-up, if known
			Tobacco use screening during pregnancy	Date, results, follow-up, if known
			Alcohol use screening during pregnancy	Date, results, follow-up, if known
Comments:				
Maternal Testing				
			Biological testing	Results
Comments:				
Other Sources				
			PDMP	Medications associated with withdrawal
Comments:				
Y	N			
			RISKS IDENTIFIED	

If risks identified,

Actions		
	Contact pediatric care provider	Name, date, time
	Pediatric care provider consult	Name, date, time
	Nursery tour	Name, date, time
	Lactation consult	Name, date, time
	Social work consult	Name, date, time
	Other, describe	