Date:

Naval Hospital, Rota, Spain 09645-0018
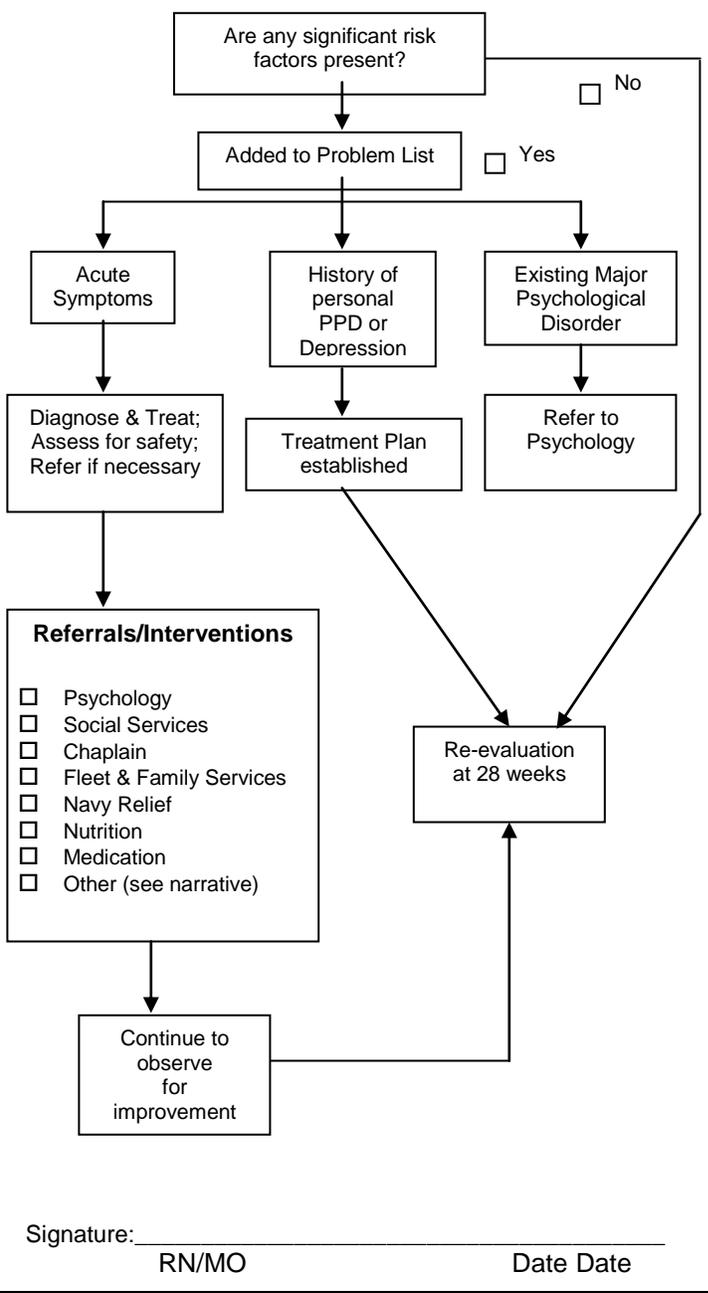
Prenatal Mental Health Assessment

Risk Factor Checklist

	Yes	No
1. Prior episode of postpartum depression	☐	☐
2. Prior personal episode of depression or mental health problems (including bipolar disorder, schizophrenia, obsessive compulsive disorder)	☐	☐
3. Family history of depression, or mental health problems	☐	☐
4. Difficult relationship with partner or spouse	☐	☐
5. Experiencing multiple life stressors past year or so (i.e. moving, job change, death of family member)	☐	☐
6. Lack of social support (no one to go to for help)	☐	☐
7. Under the age of 19 years old	☐	☐
8. Unplanned or unwanted pregnancy	☐	☐
9. Problems with infertility	☐	☐
10. History of miscarriage or pregnancy loss	☐	☐
11. Unresolved grief	☐	☐
12. Moderate or severe PMS or PMDD	☐	☐
13. Thyroid or endocrine disorders	☐	☐
14. History of eating disorder (anorexia/bulimia)	☐	☐
15. History of physical or mental abuse	☐	☐
16. Single or separated	☐	☐

Narrative Notes: _____

_____

_____

_____

_____

_____

_____

Signature:_____

HM/RN/MO   Date

Are any significant risk factors present?

☐ No
☐ Yes

Added to Problem List

Acute Symptoms

History of personal PPD or Depression

Existing Major Psychological Disorder

Diagnose & Treat; Assess for safety; Refer if necessary

Treatment Plan established

Refer to Psychology

Referrals/Interventions

☐ Psychology
☐ Social Services
☐ Chaplain
☐ Fleet & Family Services
☐ Navy Relief
☐ Nutrition
☐ Medication
☐ Other (see narrative)

Re-evaluation at 28 weeks

Continue to observe for improvement

Signature:_____

RN/MO   Date Date

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*	**RECORDS MAINTAINED AT:**	
	PATIENT'S NAME *(Last, First, Middle initial)*	SEX
	RELATIONSHIP TO SPONSOR:	STATUS	RANK/GRADE
	SPONSOR'S NAME	ORGANIZATION
	DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH