



WOMEN'S
HEALTH CENTER

WAYNE MEMORIAL COMMUNITY HEALTH CENTERS
A Clinical Affiliate of Wayne Memorial Health System, Inc.

Prenatal Risk Assessment

The following questions will be used to determine if you are at risk for overuse of alcohol and/or substances. Please answer honestly so that we can help you and your newborn experience the healthiest pregnancy and birth possible.

1. Did any of your parents have problems with alcohol or drug use?

___ No ___ Yes

2. Do any of your friends have problems with alcohol or drug use?

___ No ___ Yes

3. Does your partner have a problem with alcohol or drug use?

___ No ___ Yes

4. Before you were pregnant did you have problems with alcohol or drug use?

___ No ___ Yes

5. In the past month, did you drink beer, wine or liquor, or use other drugs?

___ No ___ Yes

Patient Name

Birthdate (DD/MM/YY)

Patient Signature

Date

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