

**Washita Valley Community Action Council Early Head Start**  
205 W. Chickasha Ave. Chickasha OK  
Phone: (405) 224-5831 Fax: (405) 222-4303

**Prenatal Health Appraisal**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Information below to be completed by Health Professional:**

**Estimated Due Date** \_\_\_\_\_

**What date did patient first receive prenatal care?** \_\_\_\_\_

**Is this considered a high risk pregnancy?**

No  Yes, please explain:

**Do you have any nutritional concerns about this pregnant woman?**

No  Yes, please explain:

**What is your recommended schedule of prenatal care?**

**Has this woman been following the recommended schedule of prenatal care?**

No  Yes Comments:

**Exam Date:** \_\_\_\_\_

Health Care Provider's printed name \_\_\_\_\_ Practice \_\_\_\_\_

Health Care Provider's signature \_\_\_\_\_ Date \_\_\_\_\_