



# LODESTAR PREGNANCY OUTCOME FORM

Items marked with a circled star (★) are optional.

Funding Source:  AFLP  Cal-Learn  Other (1-6)

Client ID No. \_\_\_\_\_ Case Manager \_\_\_\_\_

Client Name \_\_\_\_\_  
First M.I. Last

**Index Child** \_\_\_\_\_  
1-Index child birth outcome  
2-Non-Index child birth outcome

**Date Of Delivery/** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Other Outcome** MM / DD / YY

**Cal-Learn Case Management Participation** \_\_\_\_\_  
1-Usually available to meet w/ CM  
2-Sporadic participation  
3-None, unable to locate/contact  
4-Client refuses case management - does not turn in report cards  
5-Client declines case management, but turns in report cards  
8-Not applicable (not Cal-Learn)

**If you answer 3-5 above, you need not complete the rest of this form**

**Child Gender** \_\_\_\_\_  
1-Female  
2-Male

★**Child's Social Security No.** \_\_\_\_\_

**Birthweight** \_\_\_\_lbs. \_\_\_\_oz.  
Enter:88 in the lbs. field-If No Live Birth  
99 in the lbs. field-If Unknown

**Source Of Prenatal Care Payment** \_\_\_\_\_  
1-MediCal  
2-Private insurance  
3-Third-party payer  
4-Self pay/cash  
9-Unknown

**Total Number Of Children The Teen Has Given Birth To** \_\_\_\_\_  
(Enter exact number 0-7, 8 if 8 or more, or 9 if unknown.)

**Length Of Hospital Stay At Delivery (Client)** \_\_\_\_\_  
1-Less than 1 day  
2-One - three days  
3-Four or more days  
4-Home birth  
8-Not Applicable  
9-Unknown

**Length Of Hospital Stay At Delivery (Infant)** \_\_\_\_\_  
1-Less than 1 day  
2-One - three days  
3-Four days - one month  
4-Over 1 month  
5-Home birth  
8-Not Applicable  
9-Unknown

**Marital Status** \_\_\_\_\_  
1-Single, never married  
2-Married  
3-Other  
9-Unknown

**Work/Employment Status** \_\_\_\_\_  
1-Does not work  
2-Seeking employment  
3-Working  
4-In job training  
9-Unknown

**Pregnancy Outcome** \_\_\_\_\_  
1-Live birth  
2-Fetal death  
3-Other

**Weeks Of Gestation** \_\_\_\_\_  
Enter no. of weeks at delivery - OR -  
99 -Unknown

**Type Of Birth** \_\_\_\_\_  
1-Single  
2-Multiple

**(If multiple birth, please attach Additional Child Matrix Form).**

**Last Grade COMPLETED** \_\_\_\_\_  
00-No formal education  
01-1st, 02-2nd, 03-3rd, 04-4th, 05-5th,  
06-6th, 07-7th, 08-8th, 09-9th,  
10-10th, 11-11<sup>th</sup> grade,  
12-12<sup>th</sup> grade  
13-Completed GED pretest  
14-Completed GED  
15-Completed CHSPE  
16-Some post secondary education  
17-Other  
99-Unknown

**Trimester Prenatal Care Began** \_\_\_\_\_  
0-No prenatal care  
1-First trimester (1-13 wks)  
2-Second trimester (14-26 wks)  
3-Third trimester (27+ wks)  
9-Unknown

**Prenatal Care Setting** \_\_\_\_\_  
1-Private office  
2-Health care clinic  
3-Other setting  
4-No prenatal care  
9-Unknown

**Child's Name (if known)**

First \_\_\_\_\_ M.I. \_\_\_\_\_

Last \_\_\_\_\_

Client ID No. \_\_\_\_\_

<p><b>K-12 School Status</b> _____</p> <p><b>01-In School</b> (Includes: Enrolled - attending or not, School Break, Excused Absence, Suspended)</p> <p><b>Not In School Because:</b></p> <p>02-Transportation Barrier 03-Child Care Barrier 04-Educational Barrier 05-Psycho-Social Barrier 06-Medical Barrier 07-Expelled 08-Refuses to Attend 09-Other Reason 10-GED/CHSPE Completed 11-High School Diploma 99-Unknown</p> <p><b>Type Of School</b> _____</p> <p>01-Elementary school (1-6) 02-Middle/Intermediate/Jr HS (6-9) 03-Regular/Traditional Sr. HS (9-12) 04-Continuation/Alternative school 05-Court/community school 06-Adult Education 07-Private school (K-12) 08-Vocational/Tech Prep. HS (9-12) 09-Other 10-Charter school 88-Not enrolled/applicable 99-Unknown</p> <p>⊛<b>School District</b> _____</p> <p>⊛<b>School Code</b> _____</p> <p>⊛<b>School Name</b> _____</p> <p><b>Primary Instructional Strategy</b> _____</p> <p>1-Mainstream program 2-Independent Study 3-Temporary Home/Hospital instruction 4-Self-contained classroom 5-Correspondence School 6-Legal Home Schooling 8-Not enrolled in approved program 9-Unknown OR Not Listed Above</p>	<p><b>Is client enrolled in a program for pregnant or parenting teens?</b> _____</p> <p>1-Yes 2-No 9-Unknown</p> <p><b>Educational Goal</b> _____</p> <p>1-HS Diploma 2-GED 3-CHSPE 4-Post secondary 5-None at this time 9-Unknown</p> <p><b>Has client ever had an IEP?</b> _____</p> <p>1-Yes 2-No 9-Unknown</p> <p><b>Has client passed the High School Exit Exam</b> _____</p> <p>1-Yes 2-No 9-Unknown</p> <p><b>Post-Secondary School</b> _____</p> <p>1-Technical/vocational school 2-Community college 3-Four-year college/university 4-Other 8-N.A. (not currently enrolled) 9-Unknown</p> <p><b>Type Of Housing</b> _____</p> <p>1-House/apartment 2-Public housing 3-Hotel/motel 4-Shelter 5-Homeless 6-Other 7-Maternity home 8-Foster/Group/Transitional home 9-Unknown</p> <p><b>Number Of Times Client Has Moved In The Past 6 Months</b> _____</p> <p>0-None 1 thru 7 – Use Exact Number 8-Eight or more 9-Unknown</p>	<p><b>Who shares the client's domicile?</b> Enter the exact number (0-50) of each of the following individuals living with the client. Do not include the client or the client's children in the count. Enter 0 if none, 99 if unknown:</p> <p><b>Index Child's Other Parent</b> _____</p> <p><b>Client's Partner</b> _____ (if not other parent)</p> <p><b>Client's Relatives</b></p> <p>- Adults _____</p> <p>- Minors _____</p> <p><b>Partner's Relatives</b></p> <p>- Adults _____</p> <p>- Minors _____</p> <p><b>Other Non-Relatives</b></p> <p>- Adults _____</p> <p>- Minors _____</p>
<p><b>Does client feel safe:</b></p> <p><b>With Index Child's other parent?</b> _____</p> <p><b>With partner (if not other parent)?</b> _____</p> <p><b>With family?</b> _____</p> <p><b>In the neighborhood?</b> _____</p> <p><b>In school?</b> _____</p> <p>Answer each: 1-Yes 2-No 8-Not applicable 9-Unknown</p>		

Client ID No. \_\_\_\_\_

<b>Health Insurance Type</b> _____	
1-Medi-Cal	
2-Healthy Families	
3-Other public	
4-Private	
5-None	
9-Unknown	
<b>Immunizations</b> _____	<b>Client</b> _____
1-Up to date	
2-Not up to date/medical circumstance	
3-Not up to date/other reasons	
9-Unknown	
<b>Medical Condition</b> _____	<b>Client</b> _____
	<b>Index Child</b> _____
1-Known	
2-Suspected	
3-None	
9-Unknown	
<b>Developmental Disability</b> _____	<b>Client</b> _____
1-Known	
2-Suspected	
3-None	
9-Unknown	
<b>Does client have a learning disability?</b> _____	
1-Known	
2-Suspected	
3-None	
9-Unknown	

<b>Client Risk Factors</b>	
Has the <u>client</u> experienced any of the following risk factors:	
<b>Medical Condition:</b> Ever _____	
In the last 6 months _____	
<b>Hospitalization:</b> Ever _____	
In the last 6 months _____	
<b>ER Visit:</b> Ever _____	
In the last 6 months _____	
<b>Gang Involvement:</b> Ever _____	
In the last 6 months _____	
<b>Truancy:</b> Ever _____	
In the last 6 months _____	
<b>Arrested:</b> Ever _____	
In the last 6 months _____	
<b>Probation:</b> Ever _____	
In the last 6 months _____	
<b>Client Alcohol Abuse:</b> Ever _____	
In the last 6 months _____	
<b>Client Substance Abuse:</b> Ever _____	
In the last 6 months _____	
<b>Relationship/Domestic Viol:</b> Ever _____	
In the last 6 months _____	
<b>Restraining Orders:</b>	
<b>Client Against Other:</b> Ever _____	
In the last 6 months _____	
<b>Other Against Client:</b> Ever _____	
In the last 6 months _____	

<b>Risk Factors (cont.)</b>
<b>Abuse:</b>
<b>Physical:</b>
<b>Client:</b> Ever _____
In the last 6 months _____
<b>Any of Client's Children:</b> Ever _____
In the last 6 months _____
<b>Sexual:</b>
<b>Client:</b> Ever _____
In the last 6 months _____
<b>Any of Client's Children:</b> Ever _____
In the last 6 months _____
<b>Emotional:</b>
<b>Client:</b> Ever _____
In the last 6 months _____
<b>Any of Client's Children:</b> Ever _____
In the last 6 months _____
Use the following codes:
1-Yes
2-No
3-Suspected (not forthcoming)
8-N/A (child only) if client pregnant
9-Unknown

**COMPLETE AND ATTACH SERVICE MATRIX FORM.**

**COMPLETE AND ATTACH FREE CODES FORM IF USED.**

**COMPLETE AND ATTACH ADDITIONAL CHILD MATRIX FORM IF MULTIPLE BIRTH.**

<b>Smoking</b> _____
1-Never smoked
2-Stopped smoking
3-Smokes less than 1 pack a day
4-Smokes 1 pack or more a day
9-Unknown
<b>Does client live with a smoker?</b> _____
1-Yes
2-No
9-Unknown