



# 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

### 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).

### Child's Name (if known)

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

Last \_\_\_\_\_

### 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

### 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

### 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

### 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.)

### 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

### 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

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>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>
	<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>	

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 <u>client</u> have a learning disability?</b>	_____
1-Known	
2-Suspected	
3-None	
9-Unknown	

<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	

<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.**