



**Prescription for a Healthy Future – Health Care Provider
Check-list for Integrating Preconception Health into Every Visit**

BMI: _____

PCP _____
HMO/Insurance _____

Patient Label

Recommendation	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials
Folic Acid (e.g. prenatal or multi-vitamin, plain folic acid)						
Family Planning (e.g. contraceptive method, pregnancy interval)						
Chronic Illness (e.g. PCP, current meds., risk of chronic illness)						
Tobacco Use (e.g. assessment, intervention, exposure to second-hand smoke)						
Alcohol & other Drugs (e.g. assessment, intervention, CAGE, illicit drugs)						
Weight/Activity (e.g. cholesterol screening, BMI, activity)						
Dental Health (e.g. dental provider, regular check-ups)						
Safety (i.e. Seat belts, gun safety, intimate partner violence, neighborhood safety)						
Mental Health (i.e. mental health provider, appropriate use of meds., *depression screening - see screening questions below)						
HMO notified for any issues above?						

***U.S. Preventive Services Task Force – Depression Screening Tool**

- Over the past two weeks, have you ever felt down, depressed, or hopeless? YES/NO
- Over the past two weeks, have you ever felt little interest or pleasure in doing things? YES/NO

If **YES** to either question, notify HMO. HMO notified? YES/NO