# NU 661 Primary Care of the Childbearing Woman: Risk Assessment Table

**Student Name:**

**Module:**

**Patient:**

| **Risk Factor Identified**  (identify any risks, current and future, for the pregnancy in this column.) | **Potential Consequences**  (for each risk identified please indicate what is/are the potential consequences for that risk) | **Plan of Action**  (For each risk and consequence please identify your current and future plan of care to identify, treat, monitor or prevent those consequences.) | **Faculty Feedback** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Routine Visit assessment, education and anticipatory guidance: (please indicate what you would normally due during the routine prenatal care for this patient based on the weeks gestation she is presenting at. In addition, list educational items, tests and anticipatory guidance due at this visit).

**References:**