

STATE PREGNANCY CARE PLAN

Client: DOE , JANE

Client ID#: 1234567890

Admission Date: 05-23-2008

48 Pregnancy

Potential Problem

Individual

Initial Rating	K	B	S
Target Outcome	K	B	S

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Signs/Symptoms-Physical	Other * 20 * Client is in her first trimester of pregnancy
S	Signs/Symptoms-Physical	Other * 21 * Client is in her second trimester of pregnancy
S	Signs/Symptoms-Physical	Other * 22 * Client is in her third trimester of pregnancy.
TP	Medical/Dental Care	Other * 23* Client began her medical prenatal care in her first trimester
TP	Medical/Dental Care	Other * 24 * Client began her medical prenatal care in her second trimester
TP	Medical/Dental Care	Other * 26 * Client began her medical prenatal care in her third trimester of pregnancy.
TP	Family Planning Care	Other * 27* This is a subsequent pregnancy within a current enrollment for this client.
S	Medical/Dental Care	Receives Care when Scheduled * 28 * Client has had 5 or more medical prenatal visits.
TP	Medical/Dental Care	Other * 29 * First time mother (no previous live or still births.)