



**MEDICAL COMORBIDITY** (*preexisting conditions before pregnancy, allergies, etc.*)

**PSYCHOSOCIAL CONCERNS** (*legal, housing, food insecurity, parenting issues, CPS, etc.*)

**PREVIOUS TREATMENT PLANS**

**INITIAL TREATMENT PLAN** (*next planned contact, psychoeducation provided, brief interventions, self-management plan, etc.*)

**OTHER IMPORTANT DETAILS**