

Notification of Pregnancy Form



The earliest possible completion of this form allows us to best use our resources and services to help you and your patient achieve a healthy pregnancy outcome. **Please complete clearly in black ink and fax to: 1-866-681-5125.**

MEMBER INFO

*Required Field

Member ID*

Last Name* First Name*

DOB* (mmddyyyy) Mailing Address

City State Zip

Home Phone - - Cell Phone - -

Email Address

Primary Insurance (for mom or baby) other than Medicaid? Yes No

Due Date* (mmddyyyy) Date of last Chlamydia Screening: (mmddyyyy)

Date of first Prenatal Visit (mmddyyyy) Date of last Pap Smear (mmddyyyy)

Race/Ethnicity (fill in all that apply) White Black/African American Hispanic/Latina American Indian/Native American
Asian Hawaiian/Pacific Islander Other Please specify

Preferred Language (if other than English)

Number of Full Term Deliveries Number of Stillbirths Height ' "

Number of Preterm Deliveries Enrolled in WIC? Yes No Pre-Pregnancy Weight

Number of Miscarriages/Abortions Planning to breastfeed? Yes No Pre-Pregnancy BMI

Pregnancy risk assessment

Are any of the following risk factors present? If there are no known risk factors, please fill in here

History (fill in all that apply):

Current Pregnancy (fill in all that apply):

- Previous Preterm (<37 weeks) delivery?.....
- If yes, was the delivery spontaneous?.....
- Currently on I7P?.....
- Recent delivery (within past 12 months)?.....
- (within past 6 months)?.....
- Previous C-Section?.....
- Previous severe preeclampsia?.....
- Diabetes (prior to pregnancy)?.....
- Sickle Cell?.....
- Asthma?.....
- Worse symptoms during pregnancy?.....
- High Blood Pressure (prior to pregnancy)?.....
- Well controlled?.....
- Previous neonatal death or stillborn?.....
- Associated with maternal health condition?.....
- HIV positive? HIV negative? Testing refused?
- AIDS?.....
- Seizure disorder?.....
- Seizure within the last 6 months?.....
- Previous alcohol or drug abuse?.....

- Preterm labor this pregnancy?.....
- Current placenta previa?.....
- Vaginal bleeding after 14 weeks?.....
- Shortened Cervix < 23 weeks this pregnancy?.....
- Length
- Current gestational diabetes?.....
- Current preeclampsia?.....
- Current oligohydramnios?.....
- Twins? Triplets? Discordant?
- Current fetal growth restriction?.....
- Current congenital anomalies?.....
- BMI <20 or poor weight gain this pregnancy?.....
- UTI/Pyelo/Bacteriuria this pregnancy?.....
- Current severe hyperemesis?.....
- Current mental health concerns?.....
- List
- Current STD? List
- Current tobacco use? Amount
- Current alcohol use? Amount
- Current street drug use?.....



If you would like your patient to receive a free 3 month supply of prenatal vitamins, please complete the Prenatal Vitamin Form.
For any questions regarding this form or the Start Smart program, please call 1-866-246-4358.