# Notification of Pregnancy Form 

## *Required Field

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



## PREGNANCY RISK ASSESSMENT

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

History (place a thick X for all that apply):
Previous Preterm (<37 weeks) delivery? $\qquad$
If yes, was the delivery spontaneous? $\qquad$
Currently on 17P? $\qquad$
Recent delivery (within past 12 months)? $\qquad$
(within past 6 months)? $\qquad$
Previous C-Section? $\qquad$
Previous severe preeclampsia? $\qquad$
Diabetes (prior to pregnancy)? $\qquad$
Sickle Cell? $\qquad$
Asthma? $\qquad$
Worse symptoms during pregnancy? $\qquad$

## Current Pregnancy (place a thick X for all that apply):

Preterm labor this pregnancy? $\qquad$
Current placenta previa? $\qquad$
Vaginal bleeding after 14 weeks? $\qquad$
Shortened Cervix < 23 weeks this pregnancy? $\qquad$

## Length

Current gestational diabetes? $\qquad$
Current preeclampsia? $\qquad$
Current oligohydramnios? $\qquad$
Twins? Triplets? Discordant?
Current fetal growth restriction? $\qquad$
Current congenital anomalies? $\qquad$

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## Last Name*

First Name* $\square$

## History (place a thick X for all that apply):

High Blood Pressure (prior to pregnancy)? $\qquad$
Well controlled? $\qquad$
Previous neonatal death or stillborn? $\qquad$
Associated with maternal health condition?. $\qquad$ HIV positive? HIV negative? Testing refused? AIDS?

Seizure disorder?
Seizure within the last 6 months? $\qquad$
Previous alcohol or drug abuse? $\qquad$

## Current Pregnancy (place a thick X for all that apply):

BMI <20 or poor weight gain this pregnancy? $\qquad$
UTI/Pyelo/Bacteriuria this pregnancy? $\qquad$
Current severe hyperemesis? $\qquad$
Current mental health concerns?.
List
Current STD? List
Current tobacco use? Amount
Current alcohol use? \& Amount
Current street drug use? $\qquad$ Any social needs? Yes $\square$ No $\square$ Please list below.
$\square$

Date (mmddyyyy)
OB Provider Name*
TIN/ID Number*



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 1-800-783-5386.

