

# Provider Notification of Pregnancy

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 XXX-XXX-XXXX.**

\*Required Field

## Member Information

\*Medicaid ID #: [grid]

First Name: [grid]

Last Name: [grid]

\*Birth Date MMDDYYYY: [grid]

Phone Number: [grid]

Mailing Address: [grid]

City: [grid] State: [grid] Zip Code: [grid]

Email Address: [grid]

Race/Ethnicity (select all that apply):  White  Black/African American  Decline to share

American Indian/Native American  Asian  Native Hawaiian or Other Pacific Islander

Hispanic or Latino  Other If other ethnicity, please specify: [grid]



## Provider Information

\*First and Last Name: [grid]

Phone Number: [grid] \*TIN #: [grid]

NPI#: [grid]

## Current Pregnancy

EDC [grid]

Gravida [grid]

Para [grid]

Term [grid]

Pre-Term [grid]

Abortion [grid]

Pregnancy Loss <20 weeks [grid]

Living children [grid]

Date of First Prenatal Visit: [grid]

Gestational Age at First Prenatal Appointment in weeks: [grid]

\*Medicaid ID #:

Name: Last, First:

**Complications This Pregnancy (Please check all that apply)**

- Physical Health (Current or history of hypertension, venous thromboembolism, cardiovascular disease, asthma, sickle cell, diabetes, etc)
- Behavioral Health (Depression, anxiety, bipolar disorder, substance use disorder, etc)
- Social Drivers of Health (Housing insecurity, lack of transportation, food insecurity, safety concerns, etc.)
- Member does not have any current physical, behavioral, or social drivers of health needs
- Other



Please explain

**Previous Pregnancy History (Please check all that apply)**

- History of preterm delivery
- History of C-Section
- History of hypertensive disorders of pregnancy (Preeclampsia, HELLP, gestational hypertension, etc.) or other cardiovascular diseases (for ex, peripartum cardiomyopathy)
- Member does not have any previous pregnancy conditions
- Other

Please explain