



Pregnancy Notification Form

Upon confirmation of a positive pregnancy test, please complete the form including how you met the first prenatal visit requirements. Fax toll free to (855) 556-1424. If you have questions or need help, call (877) 665-4628.

Member Information

Today's Date: _____
 Member's Name: _____ Member ID/CIN: _____ Member DOB: _____
 Preferred Language: _____ Phone #: _____ Alternate Phone #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Pregnancy Diagnosis: LMP: _____ EDC: _____
 Z34.91 – Normal pregnancy, first trimester
 Z34.90 – Normal pregnancy, unspecified trimester

Prenatal Visit

1st Trimester Documentation (please fill out boxes below)*

Complete obstetric history
 G: _____ P: _____ A: _____

Prenatal risk assessment w/ education
 Fundal height: _____

Additional Services completed

- Pelvic exam w/ OB observations
- Echo of pregnant uterus
- OB Panel (OB/GYN use only)
- TORCH panel (PCP or OB/GYN)
- Rubella antibody test w/ Rh incompatibility

*PCPs need to include a pregnancy related diagnosis code with one of the above

High Risk Conditions (Check all that apply)

Current Pregnancy

- Hypertension
- Gestational Diabetes
- Excessive Nausea/Vomiting
- 17 P Candidate (If +PTD)
- Pre-term Labor
- Multiple Gestation
- N/A
- Other: _____

Past Pregnancy History

- N/A
- Gestational Diabetes
- Pre-term labor
- Pre-term delivery
- Fetal Demise
- Pre-eclampsia or Toxemia
- N/A
- Other: _____

Provider Information

Practitioner's Name: _____ Practitioner's NPI: _____
 Practitioner's Address: _____ Phone # _____
 Referred to OB/GYN Practitioner: _____ Phone #: _____

I confirm that this document is also filed with the member's legal health/outpatient record.

Provider Signature: _____