

Pregnancy Notification Report

Thank you in advance for completing this form.

Please complete all sections and fax within 1 day of the first prenatal visit and/or positive pregnancy test.

DIRECTIONS FOR COMPLETION OF FORM:

Step 1: Complete all member

Step 2: Complete the OB/GYN

Step 3: Fax form to Passport at **1 (800) 983-9160**

Step 4: If you have any questions or need some assistance, please contact us at **1 (800) 578-0775**

STEP 1: MEMBER INFORMATION

Member's Name:		Member ID/CIN:		
Address:		City:	State:	Zip:
Member DOB: / /	Phone #: () -	Alternate Ph.#: () -		
Date of positive pregnancy test: / /		Preferred language:		
LMP:		EDC:		
Gravida:	Para:	Number of live births:		

High Risk Condition(s) (if known):

Current Pregnancy:

- Hypertension
- Excessive nausea & vomiting
- Diabetes
- Pre-term labor
- Smoking
- Multiple gestation
- No problems with current pregnancy
- Other:

Past Pregnancy: N/A

- Hypertension
- Diabetes
- Pre-term labor
- Pre-term delivery
- Smoking
- Multiple gestation
- No problems with past pregnancy
- Other:

STEP 2: OB/GYN INFORMATION

OB/GYN Practitioner's Name:	
OB/GYN Practitioner's Phone Number: () -	
Date of First Prenatal Appointment: / /	
Referring Practitioner:	Phone #: () -

STEP 3: FAX FORM TO PASSPORT

Fax to Passport at **1 (800) 983-9160**

STEP 4: CALL PASSPORT WITH QUESTIONS

If you have any questions or need assistance, please contact us at **1 (800) 578-0775**

[Original form to remain in member's chart.]

Thank you for taking such good care of our members!

