



Pregnancy Notification Form

☞ Thank you in advance for completing this form ☞

Please complete all sections and fax within **7 days** of the **first** prenatal visit and/or positive pregnancy test.

Today's Date: ___ / ___ / ___

DIRECTIONS FOR COMPLETION OF FORM:

Step 1: Complete all member information.

Step 2: Complete the OB/GYN section with the name of the OB/GYN to whom the member was referred for prenatal care.

Step 3: Fax form to Molina Healthcare of New York at **1 (844) 879-4471**

Step 4: If you have any questions or need some assistance, please contact us at **1 (315) 928-4516** or **1 (315) 928-4508**

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:		

High Risk Condition(s) (if known):

<p><u>CURRENT PREGNANCY</u></p> <p><input type="checkbox"/> Hypertension <input type="checkbox"/> Excessive Nausea & Vomiting</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Pre-term labor</p> <p><input type="checkbox"/> Smoking <input type="checkbox"/> Multiple Gestation</p> <p><input type="checkbox"/> No problems with Current Pregnancy</p> <p>Other: _____</p>	<p><u>PAST PREGNANCY</u> <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Pre-term labor <input type="checkbox"/> Pre-term delivery</p> <p><input type="checkbox"/> No problems with Past Pregnancy</p> <p><input type="checkbox"/> Other: _____</p>
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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 MOLINA HEALTHCARE

Fax to Molina Healthcare of New York Fax line at **1 (844) 879-4471**

STEP 4: CALL MOLINA WITH QUESTIONS

If you have any questions or need assistance, please contact us at **1 (315) 928-4516** or **1 (315) 928-4508**

Thank you for taking such good care of our members!

[Original form to remain in member's chart]