

## Pregnancy Notification Report

## 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 at 1 (866) 423-3889	
Step 4: If you have any questions or need some assistance, please contact us at 1 (855) 237-6178	
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  Hypertension Diabetes Pre-term labor Pre-term delivery 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 MOLINA HEALTHCARE	
Fax to Molina Healthcare Fax line at 1 (866) 423-3889	
STEP 4: CALL MOLINA WITH QUESTIONS	
If you have any questions or need assistance, please contact us at 1 (855) 237-6178	

Thank you for taking such good care of our members!

[Original form to remain in member's chart]

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