

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 **(866) 423-3889**

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

<u>CURRENT PREGNANCY</u> <input type="checkbox"/> Hypertension <input type="checkbox"/> Excessive Nausea & Vomiting <input type="checkbox"/> Diabetes <input type="checkbox"/> Pre-term labor <input type="checkbox"/> Smoking <input type="checkbox"/> Multiple Gestation <input type="checkbox"/> No problems with Current Pregnancy Other: _____	<u>PAST PREGNANCY</u> <input type="checkbox"/> N/A <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Pre-term labor <input type="checkbox"/> Pre-term delivery <input type="checkbox"/> No problems with Current Pregnancy <input type="checkbox"/> Other: _____
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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 Fax line at **(866) 423-3889**

STEP 4: CALL MOLINA WITH QUESTIONS

If you have any questions or need assistance, please contact us at **(855) 237-6178**

Thank you for taking such good care of our members!

[Original form to remain in member's chart]