



Today's date ___/___/___

Fax to: 781-393-2602

Pregnancy care information

Provider name _____ NPI # _____
Network Health provider ID # or billing ID # _____ Tax ID # _____
Provider address _____
City _____ State _____ ZIP _____
Provider phone _____ - _____ - _____ Provider fax _____ - _____ - _____

Member information Please verify the member's eligibility before rendering services.

Member name _____ Member ID # _____ DOB ___/___/___
Member address _____ Member phone _____ - _____ - _____
City _____ State _____ ZIP _____
Race [] White [] Black [] Asian/Pacific Islander [] American Indian [] Other _____
Ethnicity _____ Language spoken at home _____ Need translation help [] Yes [] No
LMP ___/___/___ G__ P__ EDD ___/___/___
Date of first prenatal visit ___/___/___ Date of most recent prenatal visit ___/___/___
Type of last delivery _____ Date of last delivery ___/___/___

Risk assessment Please check all applicable risks. You may attach your own risk assessment form if necessary.

BEHAVIORAL RISKS

- [] Smokes more than 10 cigarettes per day
[] Less than two years since last pregnancy
[] Directed member to WIC office
[] Offered member HIV counseling
[] Substance abuse in pregnancy

PSYCHOLOGICAL RISKS

- [] Adolescent
[] Inadequate finances
[] Inadequate housing
[] Inadequate social supports
[] Involvement with other agencies, e.g., DYS or DCF
[] Less than high school education
[] Poor nutrition
[] Psychiatric history
[] Significant learning disabilities
[] Violence/abuse

MEDICAL RISKS

- [] Cardiac disease
[] Diabetes
[] Endocrine disorders
[] GI disorders
[] Hyperthyroid
[] Hypothyroid
[] Malignancy
[] Moderate or severe asthma
[] Renal disease/history of urinary tract infections (UTIs)
[] Seizure disorders
[] Sickle cell disease

OBSTETRIC RISKS

- [] Abnormal pap smear
[] Anemia
[] BMI > 30
[] Gestational diabetes
[] History of cervical uterine infections
[] History of infant with birth injury, neurological deficit, or congenital anomaly
[] History of infertility
[] History of low-birth-weight infant
[] Inadequate prenatal care
[] Incompetent cervix
[] Intrauterine growth retardation (IUGR)
[] Placenta previa/placenta abruptia
[] Polyhydramnios/oligohydramnios
[] Poor weight gain
[] Postpartum depression - family history
[] Postpartum depression - personal history
[] Pregnancy-induced hypertension (PIH)
[] Pre-pregnancy weight of less than 100 pounds
[] Previous pre-term labor (PTL)
[] Previous pre-term delivery (PTD)
[] Previous stillborn/neonatal death
[] Multiple gestation
[] Rh sensitization
[] Sexually transmitted diseases (STDs)
[] Two or more spontaneous abortions (SABs) or therapeutic abortions (TABs)
[] Uterine/cervical anomaly

OB/GYN provider signature _____ Date ___/___/___