

Notification of Pregnancy

Please complete this notification form and fax it to: (414)266-4726

Date of initial prenatal visit:

Completion date of this form:

SECTION 1: Member Information

Name (First, Middle Initial, Last):	Member Date of Birth (MMDDYYYY):	Member ID Number (On Member ID Card):	
Street Address:	City:	State:	Zip:
Preferred Phone Number:	Email Address (Optional):		

SECTION 2: Provider Information

Provider Name (First, Middle Initial, Last):	Provider NPI / Tax ID Number:		
Street Address:	City:	State:	Zip:
Phone Number:	Fax Number:		
Provider Signature:			

SECTION 3: Current Pregnancy

IN PNCC:	Gravida:	Para:	Blood Type:	LMP:	EDC:
Multiple Gestation this Pregnancy	Maternal Age ≤ 16 Years		Maternal Age ≥ 35 Years		

SECTION 4: Previous Pregnancies

Hx of placenta previa Multiple gestations	Preterm labor / delivery Previous C-section	Hx of postpartum depression
Week of Delivery:		Week of Demise:

SECTION 5: Prenatal Care and Nutrition (Check all that apply)

Missed Several medical appointments	Currently Enrolled in WIC
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SECTION 6: Psychosocial Issues (Check all that apply)

Alcohol abuse	Drug abuse	Lack of Support
Domestic abuse	Housing issues	Smoker
Description of above or other unlisted conditions:		

SECTION 7: Medical History (Check all that apply)

Behavioral Health concerns	HIV status	Respiratory conditions
Cardiac disease	Hypertension / PIH (current / past)	Sickle cell anemia
Clotting disorders	Incompetent cervix (current / Past)	STD (current/ past)
Diabetes / gestational diabetes (current / past)	Neurological disorders (current / past)	
Description of above or other unlisted conditions:		

SECTION 8: List of Medications

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