Notification of Pregnancy Form
Fax completed form to (select one):

[ ] Anthem 855-325-5453
[ ] Chorus Community Health Plans 414-939-8052
[ ] GHC of South Central Wisconsin 608-662-4907
[ ] iCare 414-231-1090 Attn: Bao Xiong
[ ] MHS Health WI 866-671-3668
[ ] MercyCare 608-752-3751
[ ] Molina 414-214-2481
[ ] UnitedHealthcare Community Plan 877-353-6913

Member Information

Last Name:_____ First Name: _____ DOB: _____ ID#: _____

Address:_____ City: _____ Zip: _____ Phone #: _____

Date of Initial Prenatal Visit:_____ Completion date of Pregnancy Form:_____

Current Pregnancy

☐ **In PNCC** _____

Gravida _____ Para_____ LMP_____ EDC_____ Blood Type _____

☐ Multiple Gestation this pregnancy ☐ **Maternal age ≤ 16 years** ☐ Maternal age ≥ 35 years of age

Previous Pregnancies (Check all that apply)

☐ Hx of Placenta Pre ☐ Multiple Gestations previous pregnancy

☐ Hx of Post Partum Depression ☐ **Preterm Labor/Delivery** ☐ **Hx of SAB/TAB/Fetal Demise**

☐ Previous C-Section **Week of delivery _____** Week of demise _____

Medical History (Check all that apply)

☐ **Cardiac Disease** ☐ Clotting Disorders ☐ Hypertension or PIH (Current/Past)

☐ **Respiratory Conditions** ☐ **Behavioral Health Concerns** ☐ Incompetent cervix (Current/Past)

☐ HIV Status ☐ STD (Current/Past) ☐ Neurologic Disorders (Current/Past)

☐ Sickle Cell Anemia ☐ **Diabetes/Gestational Diabetes (Current/Past)**

Psycho/Social Issues (check all that apply)

☐ Drug Abuse(Current/Past) ☐ Alcohol Abuse (Current/Past) ☐ Smoker (Current/Past)

☐ Domestic Abuse (Current/Past) ☐ Housing Issues ☐ Lack of Support System

Prenatal Care and Nutrition (Check all that apply)

☐ Missed several medical appointments ☐ Currently Enrolled in WIC

Description of above or other unlisted conditions: _____

_____

List of Medications: _____

_____

Provider Information

_____ _____
Provider Signature Provider Printed Name

_____ _____
Provider Address Provider Phone #

_____ _____
Delivery Hospital Provider Fax #