



# PREGNANCY NOTIFICATION FORM

**NOTE:** All fields must be filled out;  
Please fax completed form to Mommy Steps at 502-585-7970

Member Name: \_\_\_\_\_ Passport ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Address: \_\_\_\_\_

Bldg. #: \_\_\_\_\_ Apt./Unit/Lot #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race/Ethnicity\*: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Current Phone #: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Pregnancy Risk Level:  Routine  High Risk

Date of First Visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Preferred Spoken Language: \_\_\_\_\_

EDC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PRE-EXISTING MEDICAL CONDITIONS

- Pre-term Labor or Delivery < 37 weeks
- Premature Rupture of Membranes (PROM)
- Incompetent Cervix
- Pregnancy Induced Hypertension (PIH; aka GHTN) / Toxemia / Preeclampsia / Eclampsia / HELLP Syndrome
- Chronic Hypertension (CHTN)
- Diabetes
- Thyroid Disease
- Chronic Renal Disease
- Pulmonary Disease (Asthma or other chronic pulmonary disease)
- Epilepsy
- Other chronic maternal medical conditions
- 2<sup>nd</sup> or 3<sup>rd</sup> Trimester Loss (miscarriage/abortion after 15 weeks or still born)
- Other complications: \_\_\_\_\_
- No complications

## INDICATE OBSTETRICAL/COMPLICATION IN LAST/LATEST/OR CURRENT PREGNANCY:

- Emotional, Physical, or Sexual Abuse
- Homelessness
- Lack of Transportation
- Lack of Utilities
- Language or Other Communication Barrier
- Mental Health Issues (Specify): \_\_\_\_\_
- Smoking

## INDICATE OBSTETRICAL/COMPLICATION IN CURRENT PREGNANCY:

- Multi-fetal Pregnancy
- Substance Abuse
- Teen Pregnancy (ages 15-19) and Pre-teen Pregnancy (ages 10-14)
- Advance Maternal Age (35 years and older)
- Pyelonephritis (if hospitalized for this during current pregnancy)
- Domestic Violence
- Homelessness
- Other Complications: \_\_\_\_\_
- No Complications

## PROVIDER INFORMATION:

Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

## ONLY FOR NON-PAR PROVIDERS

Authorization #: \_\_\_\_\_

(FOR PASSPORT USE ONLY)

**\*\*NOTE:** Authorizations for Non-Par Providers will be faxed within 2 business days of the original fax date\*\*