

Practice name: _____ **Provider: Please fax completed form to 1-937-396-3318.**
 Phone number: _____ Date: ____/____/____
 Member first name: _____ MI Last name: _____ DOB: ____/____/____
 EDC: ____/____/____ By what criteria: ☐ LMP ☐ 1st trimester U/S ☐ 2nd trimester U/S ☐ Other: _____
 Height: _____ Pre-pregnancy weight: _____ Gravidity: _____ Parity: _____ ID number: _____

Name of person completing form: _____ **Signature:** _____

CURRENT PREGNANCY

- ☐ ***Multifetal gestation**
- ☐ ***Fetal complications:**
 - ☐ Fetal anomaly
 - ☐ Fetal chromosomal abnormality
 - ☐ Intrauterine growth restriction (IUGR)
 - ☐ Oligohydramnios
 - ☐ Polyhydramnios
 - ☐ Other: _____
- ☐ ***Chronic condition which may complicate pregnancy:**
 - ☐ Asthma
 - ☐ Diabetes
 - ☐ HIV
 - ☐ Hypertension
 - ☐ Mental illness
 - ☐ Renal disease
 - ☐ Seizure disorder
 - ☐ Systemic lupus erythematosus
 - ☐ Other(s): _____
- ☐ ***Current use of drugs or alcohol/recent drug use or heavy alcohol use (month prior to learning of pregnancy)**
- ☐ ***Late entry into prenatal care (more than 14 weeks)**
- ☐ ***Hospital utilization in the antepartum period**
- ☐ ***Missed 2 or more prenatal appointments**
- ☐ Cervical insufficiency
- ☐ Gestational diabetes
- ☐ Vaginal bleeding in 2nd trimester
- ☐ Hypertensive disorders of pregnancy
 - ☐ Eclampsia
 - ☐ Gestational hypertension
 - ☐ HELLP syndrome
 - ☐ Preeclampsia
- ☐ Short inter-pregnancy interval (less than 12 months between last live birth and current pregnancy)
- ☐ Current sexually transmitted infection
- ☐ Recurrent urinary tract infections (more than 2 in past 6 months, more than 5 in past 2 years)
- ☐ Communication barriers:
 - ☐ Disability
 - ☐ Literacy
 Explain: _____
 - ☐ Non-English speaking
 Primary language: _____

Items marked with* will trigger follow-up with a pregnancy case

OBSTETRIC HISTORY

- ☐ ***Preterm birth** (less than 37 completed weeks) Gestational age(s) of previous preterm birth(s):
 _____ weeks, _____ weeks, _____ weeks
- ☐ ***At least one spontaneous preterm labor and/or rupture of the membranes**
If this is a singleton gestation, this patient is eligible for 17P treatment.
- ☐ ***Low birth weight (less than 2,500 gm)**
- ☐ ***Very low birth weight (less than 1,500 gm)**
- ☐ Fetal death (more than 20 weeks)
- ☐ Neonatal death (within first 28 days of life)
- ☐ Second trimester pregnancy loss
- ☐ Three or more first trimester pregnancy losses
- ☐ Cervical insufficiency
- ☐ Gestational diabetes
- ☐ Postpartum depression
- ☐ Hypertensive disorders of pregnancy:
 - ☐ Edamsia
 - ☐ Preeclampsia
 - ☐ Gestational hypertension
 - ☐ HELLP syndrome
- ☐ ***Provider requests pregnancy care management**
 Reason(s): _____

Provider comments/notes: _____

