# Notification of Pregnancy Form

***Required Field**

The earliest possible completion of this form allows us to best use our resources and services to help you and your patient achieve a healthy pregnancy outcome. **Please complete clearly in black ink and fax to 1-833-787-0455.**

**Member's Current Contact Information**

***Member ID:** DOB (mmddyyyy):

Last Name: First Name:

Mailing Address:

City: State: Zip Code:

Home Number: Cell Number:

Email Address:

**OB Provider Information**

***OB Provider Name:**

***OB 9-digit Tax ID Number:**

OB Provider Mailing Address:

OB Provider City: OB Provider State: OB Provider Zip Code:

OB Provider Phone Number: Today's Date (mmddyyyy):

**General Information**

Primary insurance (for mom or baby) other than Medicaid? ☐ Yes ☐ No

***Due Date (mmddyyyy):** Date of first prenatal visit (mmddyyyy):

Date of last Pap Smear (mmddyyyy): Date of last Chlamydia Screening (mmddyyyy):

Race/Ethnicity (check all that apply): ☐ Caucasian, Non-Hispanic/Latina ☐ Black/African American ☐ Hispanic/Latina

☐ American Indian/Native American ☐ Asian ☐ Hawaiian/Pacific Islander ☐ Other ethnicity (please specify):

If other ethnicity, please specify.

Preferred Language (if other than English):

Number of Full Term Deliveries: Number of Preterm Deliveries:

Number of Miscarriages/Abortions: Number of Stillbirths:

Any social needs? ☐ Yes ☐ No

If yes, please specify social needs:

Enrolled in WIC? ☐ Yes ☐ No Planning to Breastfeed? ☐ Yes ☐ No

***Are there any known pregnancy risk factors?** ☐ Yes ☐ No

Ambetter from WellCare of New Jersey is underwritten by WellCare Health Insurance Company of New Jersey, Inc.© 2022 WellCare Health Insurance Company of New Jersey, Inc. All rights reserved.

CNC Rev. 10 01 2021
EJ-PNOP-6234

***Member ID:** DOB (mmddyyyy):

Last Name: First Name:

**History**

Previous Preterm delivery (<37 weeks)? Yes No If yes, was the labor spontaneous? Yes No

Currently on 17P? Yes No

Recent delivery (within past 12 months)? Yes No

Previous C-Section? Yes No Previous severe preeclampsia? Yes No

Diabetes (prior to pregnancy)? Yes No

Asthma? Yes No Hepatitis C? Yes No Hepatitis B? Yes No

High Blood Pressure (prior to pregnancy)? Yes No If yes, is high blood pressure well controlled? Yes No

Previous neonatal death or stillborn? Yes No

If yes, was neonatal death associated with an underlying maternal health condition? Yes No

HIV Positive? Yes No AIDS? Yes No HIV Test Refused? Yes No

Seizure disorder? Yes No If yes, has there been a seizure within the last 6 months? Yes No

**Current Pregnancy**

Preterm labor this pregnancy? Yes No Current placenta previa? Yes No

Vaginal bleeding after 14 weeks? Yes No

Shortened Cervix <23 weeks this pregnancy? Yes No If yes, Length ___ cm.

Current gestational diabetes? Yes No Current preeclampsia? Yes No Current oligohydramnios? Yes No

Current Twins? Yes No Current Triplets? Yes No Discordant growth? Yes No

Current fetal growth restriction? Yes No Current congenital anomalies? Yes No

BMI < 25 or poor weight gain during this pregnancy? Yes No UTI/Pyelo Bacteriuria this pregnancy? Yes No

Current severe hyperemesis? Yes No

Current mental health concerns? Yes No

If yes, please specify mental health concerns.

Current STD? Yes No If yes, please list STD's.

Current tobacco use? Yes No

Current alcohol use? Yes No

Current street drug use? Yes No

Are there any other significant risk factors? Yes No

If yes, Please list other risk factors:

Ambetter from WellCare of New Jersey is underwritten by WellCare Health Insurance Company of New Jersey, Inc.© 2022 WellCare Health Insurance Company of New Jersey, Inc. All rights reserved.

CNC Rev. 10 01 2021
EJ-PNOP-6234-2