



Pregnancy Notification Form PLEASE
SUBMIT AFTER THE FIRST OFFICE VISIT Fax to:
330-656-2449 or 1-800-385-7085

Today's Date: _____
 OB Physician: _____
 Office Contact Name: _____
 Member Name: _____
 Member Date of Birth: _____

Date of First Prenatal Visit: _____
 Phone Number: _____
 Member ID Number: _____
 Member Phone Number: _____

EDC: ____ / ____ / ____
 No Risk: ____ High Risk: ____
 Para: ____ Term: ____ Preterm: ____

LMP: ____ / ____ / ____
 Living: ____ AB: ____ Gravida: ____

CURRENT PROBLEMS

- Advanced maternal age
- Asthma
- Autoimmune diseases
- Gestational diabetes
- Hepatitis/GI disease
- HIV/AIDS
- Hypertension/PIH
- Hyperthyroidism
- Hypothyroidism
- Hyperemesis
- Incompetent cervix/cerclage
- IUGR
- Multiple gestation
- Placenta previa
- Sickle cell disease
- STDs
- UTIs/Pyelo
- Other

PREVIOUS PREGNANCY/CHILD COMPLICATIONS

- Anesthesia complications
- DVT/thrombophilia
- Family history of fetal abnormality
- Fetal abnormality
- Fetal demise > 23 weeks' gestation
- Habitual abortal/recurrent pregnancy loss
- Incompetent cervix
- Low birth weight
- PIH PROM
- Preterm birth
- Preterm labor
- Previous C/S
- STDs/HSV
- UTIs/Pyelo
- Other

ADVERSE SOCIAL HISTORY

- Adolescent
- Alcohol
- Chronic stress
- Depression
- Domestic violence
- Drug abuse
- Financial resources
- Mental illness

- Religious objection to any medical treatment
- Single parent
- Tobacco
- Anemia
- Eating disorder
- Overweight
- Pica
- Underweight

Current Medications

- Antibiotics
- Antipsychotics

- Antihypertensive
- Prenatal Vitamins

- Antidepressants
- Other

Health Maintenance Organization products are underwritten by OhioHealthy Health Insuring Corporation. Point of Service products are underwritten by OhioHealthy Health Insuring Corporation and OhioHealthy Insurance Company. Self-funded employer benefit plans are administered by OhioHealthy Plans, LLC.

v210318

Revised 12/2021