



HEALTH ALLIANCE

Offered by simply healthcare

Pregnancy Notification Form to be completed by PCP

Please complete and fax to (877) 577-0117 or (786) 441-4607 within 2 working days of the visit

MEMBER'S DEMOGRAPHIC INFORMATION

Last Name	First Name		Maiden Name
Member ID #	D.O.B	LMP	Preferred Language
Address	City	State	Zip Code
Phone	Mobile Phone		Other

MEDICAL INFORMATION REGARDING OB RISKS (Please check all that apply):

CURRENT PREGNANCY:

- Diabetes
 Hypertension
 Smoking
 Multiple Pregnancy
 Immunosuppressed
 ETOH or Drugs
 HIV Testing?
 Other _____

MEDICAL/SOCIAL PROBLEMS:

- Asthma
 Heart Disease
 Renal Disease
 Neurologic Illness
 Domestic Violence
 Anemia
 STD's _____
 WIC Referral Done?
 Healthy Start Referral Done?

Comments or Other Pertinent Information: _____
