

Notification of Pregnancy

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. Submit completed form via fax to: Aetna Better Health of Louisiana 1-866-776-2813.**

Member Info

***required field**

Member ID*

Last Name

First Name

Date of Birth (mmddyyyy)

Mailing Address

City

State

Zip

Home Phone

Cell Phone

Email Address

Due Date* (mmddyyyy)

Preferred Language (if other than English)

Date of first Prenatal Visit (mmddyyyy)

Pre-pregnancy Weight

Race/Ethnicity (fill in all that apply) White

Black/African American

Hispanic/Latina

American Indian/Native American

Asian Hawaiian/Pacific Islander

Other

Please Specify

Number of Full Term Deliveries

Number of Stillbirths

Number of Pre-Term Deliveries

Number of Miscarriages/Abortions

Pregnancy Risk Assessment

Are any of the following risk factors present? * If there are no known risk factors, Please fill in here

History (fill in all that apply):

Previous Pre-Term (<37 weeks) delivery?.....

If yes, was the delivery spontaneous?.....

Is the member a candidate for progesterone injections?...

Recent Delivery (within the past 12 months)?.....

Previous C -Section?.....

Diabetes (prior to pregnancy)?.....

Sickle Cell?.....

Asthma?.....

High Blood Pressure (prior to pregnancy)?.....

HIV Positive?.....

Seizure Disorder?.....

Seizure within the last 6 months?.....

Previous alcohol or drug abuse?.....

Date (mmddyyyy)

OB Provider Name:*

TIN/ID number*:

Mailing Address:

City:

State:

Zip Code:

Current Pregnancy (fill in all that apply):

Pre-Term labor this pregnancy?.....

Shortened Cervix <23 weeks this pregnancy?.....

Length

Cervical Cerclage placement?.....

Twins?

Triplets?

Discordant?

Current severe hyperemesis?.....

Current mental health concerns?.....

List

Current STD?..... List

Current tobacco use?... Amount

Current alcohol use?... Amount

Current street drug use?.....

