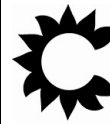




Pregnancy Notification Form



COMMUNITY HEALTH PLAN
of Washington

Committed to your health.

(Please Print)

| | | | |
|---|--|--|---|
| (Please Print) | | | |
| Today's Date: | | PCP: | |
| PATIENT INFORMATION | | | |
| Patient's last name: | | First: | Middle: |
| Birth date: | Age: | Due Date: | Date of 1 st Prenatal Visit: |
| Mailing Address: | | Member #: | Home phone #: |
| City: | State: | ZIP : | Marital Status: |
| Emergency Contact: | | Relation: | Phone #: |
| Total number of pregnancies | | Number of abortions/miscarriages | Number of Children Living |
| PROVIDER INFORMATION | | | |
| Provider Name: | | Provider's phone #: | Clinic Name: |
| ADDITIONAL PREGNANCY INFORMATION | | | |
| Risk Screening | | | |
| Smoker <input type="checkbox"/> | Diabetes <input type="checkbox"/> | Multiple Gestation <input type="checkbox"/> | Hypertension <input type="checkbox"/> |
| Hyper-emesis <input type="checkbox"/> | History of Pre-term labor <input type="checkbox"/> | ETOH <input type="checkbox"/> Drugs <input type="checkbox"/> | Depression <input type="checkbox"/> |
| General Questions | | | |
| Is patient receiving WIC <input type="checkbox"/> | Enrolled in 1 st Steps <input type="checkbox"/> | Stress Level (please circle one) | 1 2 3 4 5 6 7 8 9 10 |
| Does Pt have Transportation Y <input type="checkbox"/> N <input type="checkbox"/> | | Pt. Language | |

**Please Fax Completed Notification To
Community Health Plan Prenatal Case Management (206) 652-7073**