

**Thank you in advance for completing this form**

Please complete all sections and fax within **1 day** of the **first** prenatal visit and/or positive pregnancy test.

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DIRECTIONS FOR COMPLETION OF FORM:**

- Step 1: Complete all member information.
- Step 2: Complete the OB/GYN section with the name of the OB/GYN to whom the member was referred for prenatal care.
- Step 3: Fax form to Molina Healthcare at **1 (844) 206-0435**
- Step 4: If you have any questions or need some assistance, please contact us at **1 (866) 472-9484**

**STEP 1: MEMBER INFORMATION**

Member's Name:		Member ID/CIN:	
Address:		CITY:	STATE:      ZIP:
Member DOB:      /      /		Phone #: (      )      -	
		Alternate Ph.#: (      )      -	
Date of Positive Pregnancy Test:      /      /		Preferred Language:	
LMP:		EDC:	
Gravida:	Para:	Number of Live Births:	

**High Risk Condition(s) (if known):**

<p><b>CURRENT PREGNANCY</b></p> <p><input type="checkbox"/> Hypertension      <input type="checkbox"/> Excessive Nausea &amp; Vomiting</p> <p><input type="checkbox"/> Diabetes      <input type="checkbox"/> Pre-term labor</p> <p><input type="checkbox"/> Smoking      <input type="checkbox"/> Multiple Gestation</p> <p><input type="checkbox"/> No problems with Current Pregnancy</p> <p>Other:</p>	<p><b>PAST PREGNANCY</b>      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Hypertension      <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Pre-term labor      <input type="checkbox"/> Pre-term delivery</p> <p><input type="checkbox"/> No problems with Current Pregnancy</p> <p><input type="checkbox"/> Other:</p>
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**STEP 2: OB/GYN INFORMATION**

OB/GYN Practitioner's Name:	
OB/GYN Practitioner's Phone Number: (      )      -	
Date of First Prenatal Appointment:      /      /	
Referring Practitioner:	Phone: (      )      -

**STEP 3: FAX FORM TO MOLINA HEALTHCARE**

Fax to Molina Healthcare Fax line at **1 (844) 206-0435**

**STEP 4: CALL MOLINA WITH QUESTIONS**

If you have any questions or need assistance, please contact us at **1 (844) 826-4335**

**Thank you for taking such good care of our members!**

[Original form to remain in member's chart]