CLEAR
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: _____

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