Health Net
Medi-Cal Program
Perinatal Notification and Assessment Report

Section A Basic Information

Date:
Member Name:
AKA:
Member ID #:
Date of Birth:
Address:
City: State: CA Zip:
Phone: ( )
Marital Status (Circle One) Single Married Sep Dv Unk
Language
Years of Education: 0 1 2 3 4 5 6 7 8 9 10 11 12 12+
EDC LMP
Grav: Para: Sab: Tab:
Date Pregnancy Verified:
Date of First Prenatal Care Visit:
OB Provider:
Address:
City: State: CA Zip:
OB Phone: ( )
OB Office Contact:
Comments:

Section B Risk Assessment Data

High Risk Condition (check if applies)	Yes	No
Maternal age 17 years or less		
Maternal age 35 years or more		
Maternal medical or surgical condition		
High blood pressure		
Asthma		
Diabetes:		
Physical Disabilities (speech, hearing, or vision)		
Genetic Disorder(s)		
Eating disorder		
Severe anemia		
Prior hx of PIH (Preg Induced Hypertension)		
Previous pre-term deliveries		
Prior infant/fetal demise		
Hx of C-Section		
Cervical conditions: hx cone biopsy or cerclage		
Placental conditions: If yes, what? _____		
Gestational Diabetes		
Referral for Diabetic Care:		
Multigestational pregnancy		
Socioeconomic factors which may require referral (Please explain in comments)		
Evidence of family violence		
Psychological Conditions		
Noncompliance with therapies or interventions		
Current tobacco use pks/day _____		
Current Alcohol use How much? _____		
Substance Use		
If Yes: Name Substance(s):		

Section C Additional Assessment Report

Is OB/Gyn CPSP: Yes ☐ No ☐	VBAC offered: If Hx of prior C/S Yes ☐ No ☐
CPSP Offered: Yes ☐ No ☐	If no, why not? _____
Enrolled: Yes ☐ No ☐ If no, why? _____	Baby Dr. options provided Yes ☐ No ☐
CPSP services referred to _____	Birth Control Options discussed Yes ☐ No ☐
HIV test offered: Yes ☐ No ☐ WIC offered Yes ☐ No ☐	Method Desired (please circle) BTL Oral BCP Depo Other
Plans to Breastfeed Yes ☐ No ☐	

Section D Postpartum

Date of Visit: Postpartum complications: Yes ☐ No ☐	Current Birth Control Method
Type of complication:	Bonding Issues? Yes ☐ No ☐

Please fax to perinatal case manager within seven days of first prenatal visit and after each reassessment: (800) 258-3506

Basic Information: ☐ 2nd Trimester: ☐
3rd Trimester: ☐ PostPartum: ☐