## Provider Notification of Pregnancy CalViva health net

\*Required Field



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 and fax to 833-719-3921.

| Member Information   |
|--|
| *Member ID #:  |
| First Name:  |
| Last Name:   |
| *Birth Date MMDDYYYY:  |
| Phone Number:  |
| Mailing Address:   |
| City: State: Zip Code:   |
| Email Address:   |
| Race/Ethnicity (select all that apply): White Black/African American Decline to share  American Indian/Native American Asian Native Hawaiian or Other Pacific Islander |
| Hispanic or Latino Other If other ethnicity, please specify:   |
| Provider Information  *First and Last Name:  Phone Number: *TIN #:  NPI#:  |
| Current Pregnancy  |
| EDC  |
| Gravida  |
| Para   |
| Term   |
| Pre-Term   |
| Abortion   |
| Pregnancy Loss <20 weeks   |
| Living children  |
| Date of First Prenatal Visit:  |
| Gestational Age at First Prenatal Appointment in weeks:  |

| *Member ID #:   |
|---|
| Name: Last, First:  |
| Complications This Pregnancy (Please check all that apply)  |
| Physical Health (Current or history of hypertension, venous thromboembolism, cardiovascular disease, asthma, sickle cell, diabetes, etc)                                |
| Behavioral Health (Depression, anxiety, bipolar disorder, substance use disorder, etc)  |
| Social Drivers of Health (Housing insecurity, lack of transportation, food insecurity, safety concerns, etc.)   |
| Member does not have any current physical, behavioral, or social drivers of health needs  |
| Other   |
| Please explain  |
| Previous Pregnancy History (Please check all that apply)  |
| History of preterm delivery   |
| History of C-Section  |
| History of hypertensive disorders of pregnancy (Preeclampsia, HELLP, gestational hypertension,etc.) or other cardiovascular diseases (for ex,peripartum cardiomyopathy) |
| Member does not have any previous pregnancy conditions  |
| Other   |
| Please explain  |

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