



Prenatal Registration Form
Commercial and Tufts Health Freedom Plan
Fax: 617-972-9417

Today's date / /

Pregnancy care information

Provider name NPI#
Provider address
City State ZIP
Provider phone - - Provider fax - -

Member information Please verify the member's eligibility before rendering services.

Member name Member ID # DOB / /
Member address Member phone - -
City State ZIP
Race White Black Asian/Pacific Islander American Indian Other
Ethnicity Language spoken at home Need translation help Yes No

LMP / / G P EDD / /

Date of first prenatal visit / / Date of most recent prenatal visit / /

Type of last delivery Date of last delivery / /

Expected delivery facility (required)

Risk assessment Check all applicable risks. You may attach your own risk assessment form if necessary.

BEHAVIORAL RISKS

- Smokes more than 10 cigarettes per day
Less than two years since last pregnancy
Directed member to WIC office
Offered member HIV counseling
Substance abuse in pregnancy

PSYCHOLOGICAL RISKS

- Adolescent
Inadequate finances
Inadequate housing
Inadequate social supports
Involvement with other agencies, e.g., DYS, DCF
Less than high school education
Poor nutrition
Psychiatric history
Significant learning disabilities
Violence/abuse

MEDICAL RISKS

- Cardiac disease
Diabetes
Endocrine disorders
GI disorders
Hyperthyroid
Hypothyroid
Malignancy
Moderate or severe asthma
Renal disease/history of urinary tract infections (UTIs)
Seizure disorders
Sickle cell disease

OBSTETRIC RISKS

- Abnormal Pap smear
Anemia
BMI > 30
Gestational diabetes
History of cervical uterine infections
History of infant with birth injury, neurological deficit, or congenital anomaly
History of infertility
History of low-birth-weight infant
Inadequate prenatal care
Incompetent cervix
Intrauterine growth retardation (IUGR)
Placenta previa/placenta abruptia
Polyhydramnios/oligohydramnios
Poor weight gain
Postpartum depression - family history
Postpartum depression - personal history
Pregnancy-induced hypertension (PIH)
Pre-pregnancy weight of less than 100 pounds
Previous preterm labor (PTL)
Previous preterm delivery (PTD)
Previous stillborn/neonatal death
Multiple gestation
Rh sensitization
Sexually transmitted diseases (STDs)
Two or more spontaneous abortions (SABs) or therapeutic abortions (TABs)
Uterine/cervical anomaly

OB/GYN provider signature Date / /