

Prenatal Registration Form

Fax to the appropriate plan listed below:

- Tufts Health Direct: 857.304.6305
- Tufts Health Together: 857.304.6305
- Tufts Health RITogether: 857.304.6404
- Tufts Health Unify: 857.304.6304

Today's date: ____/____/____

PREGNANCY CARE INFORMATION

Provider name: _____ NPI #: _____
 Tufts Health Public Plans provider ID # or billing ID #: _____ Tax ID #: _____
 Provider address: _____
 City: _____ State: _____ ZIP: _____
 Provider phone: _____ Provider fax: _____

MEMBER INFORMATION

Note: Verify the member's eligibility on the secure Provider portal before rendering services.
 Member name: _____ Member ID #: _____ DOB: ____/____/____
 Member address: _____ Phone: _____
 City: _____ State: _____ ZIP: _____
 Member's race: White Black Asian/Pacific Islander American Indian Other: _____
 Ethnicity: _____ Language spoken at home: _____ Need translation help: Y N
 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

Note: 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 2 years since last pregnancy
- Directed member to WIC office
- Offered HIV counseling
- Substance use in pregnancy

Psychological risks

- Adolescent
- Inadequate finances
- Inadequate housing
- Inadequate social supports
- Involvement with other agencies, e.g., 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 UTIs
- Seizure disorders
- Sickle cell disease

Obstetrics risks

- Abnormal pap smear
- Anemia
- BMI > 30
- Gestational diabetes
- History of cervical uterine infections
- History of infant with brain injury, neurological defect or congenial abnormality
- History of infertility
- Inadequate prenatal care
- History of low birth weight infant
- 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 lbs.
- Previous pre-term labor (PTL)
- Previous pre-term delivery (PTD)
- Previous stillborn/neonatal death
- Multiple gestation
- Rh sensitization
- Sexually transmitted disease (STD)
- 2 or more spontaneous abortions (SABs) or therapeutic abortions (TABs)
- Uterine/cervical anomaly

OB/GYN provider signature: _____ **Date:** ____/____/____