

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 One Care: 857-304-6304

a Point32Health company

Today's date / /

Pregnancy care information

Provider name _____ NPI # _____
Provider ID # or billing ID # _____ Tax ID # _____
Provider address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____

Member information **Note:** Verify the member's eligibility on the secure Provider portal before rendering services.

Member name _____ Date of birth / /
Member ID # _____ Phone _____
Member address _____
City _____ State _____ ZIP _____
Member's 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 assesment **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 congenital 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 / /