

## OBSTETRICAL PRE-REGISTRATION FORM

Member's Name: \_\_\_\_\_ Subscriber ID #: \_\_\_\_\_  
Last First Middle

Member's Address: \_\_\_\_\_  
Address City State Zip

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ DOB \_\_\_\_\_ Under 17 Yrs of Age Y or N/High School Grad Y or N

PCP's Name & ID#: \_\_\_\_\_

Obstetrical Provider's Name & ID#: \_\_\_\_\_

Health Plan: \_\_\_\_\_

Planned Hospital for Delivery: \_\_\_\_\_ EDC: \_\_\_\_\_ 1st Prenatal Visit Date: \_\_\_\_\_

Planned Type of Delivery: NVD ( ) VBAC ( ) C-Section ( ) Repeat C-Section ( ) Indication for C-Section: \_\_\_\_\_

**Does member currently smoke?** Yes ( ) No ( ) If so, how many cigarettes smoked per day? \_\_\_\_\_

If available, does the member wish to receive educational information? Yes ( ) No ( )

### OBSTETRICAL HIGH RISK/PRE-TERM LABOR ASSESSMENT FORM

Age \_\_\_\_\_ Gravida \_\_\_\_\_ Para \_\_\_\_\_ Full Term \_\_\_\_\_ Pre-term \_\_\_\_\_ Abs \_\_\_\_\_ Living \_\_\_\_\_

Risk Factors	Initial Screen (Date): _____	Follow-up Screen (Date): _____
Previously treated Pre-term labor and/or delivery (prior pregnancy)		
Incompetent cervix/DES exposure/Cerclage		
Two (2) or more second trimester spontaneous abortions		
Uterine Anomalies/Uterine Fibroids		
Prior cone Bx/Anomalies/Uterine Fibroids		
Multiple gestation		
Substance/Alcohol abuse		
a) Number of drinks per week during pregnancy		
Bacturia		
Bleeding at 12 weeks or more		
Pre-term labor with present pregnancy		
Effacement > 50%, Cervical Dilation > 1 cm < 34 weeks, Uterine irritability < 34 weeks.		
Placenta previa > 26 weeks		
Polyhydramnios		
Gestational Diabetes		
PIH (Pregnancy Induced Hypertension)		

**I hereby authorize the Provider indicated herein to release the above information to the above named Health Plan.**

Signature of Member \_\_\_\_\_ (Date) \_\_\_\_\_ Signature of Provider \_\_\_\_\_ (Date) \_\_\_\_\_

MAIL OR FAX TO: **Minuteman Health • Attn: HSM • One Monarch Place • Springfield, MA 01144 • (413) 233-2700**

Check here if you wish a Case Manager to contact you about this patient