Member Notification of Pregnancy

This form is confidential. If you have any problems or questions, please call the Member Services number on the back of your ID card. This form is also available online at SuperiorHealthPlan.com.

***Medicaid ID #:**

Your First Name:

Your Last Name:

***Your Birth Date MMDDYYYY:**

Gender Identification: 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:

What Provider/Clinic is helping me during my pregnancy:

First Name:

Last Name:

Phone Number:

Clinic Name (if applicable):

My Current Situation

Please check this box if you would answer no to any of the below:

I have a phone.

I feel safe at home and with the people in my life.

I have enough food for me and my family each day.

I feel good about where I live.

I have transportation for my daily needs.

I am able to pay my utility bills (gas, water, electric, etc).

My Current Pregnancy Information

I have been to my first prenatal visit? Yes No

If yes, how many weeks pregnant were you at your first visit:

***Medicaid ID #:**

Name: Last, First:

My due date is (If you do not know your due date, when was the first day of your last period):

This is my first pregnancy ☐ Yes ☐ No

Where will I give birth to my baby (Hospital or birthing center):

Please check all that apply:

- ☐ Multiples (twins, triplets)
- ☐ Diabetes (high blood sugar; type I, type II, during pregnancy only)
- ☐ Asthma or other breathing problems
- ☐ Tobacco use (smoking cigarettes, chewing tobacco, or vaping)
- ☐ Depression (feeling blue)
- ☐ Anxiety (feeling worried or stressed)
- ☐ I do not have any of these
- ☐ Other health needs
- ☐ High blood pressure or heart problems
- ☐ Very bad nausea and vomiting
- ☐ Sickle cell
- ☐ Seizures/epilepsy
- ☐ Bipolar disorder
- ☐ Kidney disease
- ☐ Substance use (fentanyl, opiates, heroin, crack, cocaine, alcohol marijuana, methamphetamines)

Please explain

My Past Pregnancy History

Please check all that apply:

- ☐ Previous delivery before 37 weeks
- ☐ Gestational diabetes (high blood sugar while pregnant)
- ☐ High blood pressure in pregnancy/preeclampsia or heart problems
- ☐ Delivery less than 18 months ago
- ☐ Taking any form of progesterone
- ☐ Previous C-section
- ☐ I did not have any of these or this is my first pregnancy
- ☐ Other

Please explain

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