

Obstetrical Authorization & Initial Assessment

AmeriHealth Phone: 877-759-6883 Fax: 1-888-603-5526
HSCSN Phone: 866-937-4549 Fax: 202-721-7193

MedStar Phone: 855-210-6203 Fax: 202-243-5496
Trusted Phone: 202-821-1096 Fax: 202-821-1098

Submission Date:

Health Plan:

Member Information

First Name MI Last Name

Member ID or MA Recipient No. Date of Birth (MM/DD/YYYY) Age Home Phone Alternate Phone 1st Prenatal Visit (MM/DD/YYYY)

Primary Language **NOT** English Language Spoken (if not English) EDC (MM/DD/YYYY) BMI Gestational Age (weeks) Gravida Para TAB Live Births

Hospital/Birthing Center for Delivery

HUH Providence UMC WHC GWUH Other: Specify:

Past OB Complications/Current Risk Factors

HIV screening date (MM/DD/YYYY): *Not Applicable - HIV+*

Check all that apply (P=Past Pregnancy C=Current Pregnancy)

P	C		P	C	
		17 - P Administration			Incompetent cervix
		Abnormal Placenta			Infant or Child death
		Anemia Hb <10			Late/missed prenatal care
		Asthma			Multiple gestation
		Autoimmune Disease			Oral Problems:
		Bleeding: 1st 2nd 3rd			Preeclampsia/Eclampsia
		Cardiac:			Pregnancy induced hypertension
		Cervical cerclage			Premature ROM
		Chronic hypertension, pregestational			Preterm delivery
		Clotting disorder:			Preterm labor: <32W 32-36W
		Dental visit >6 mos?			Previous C-Section
		Depression/Mental Health			Previous delivery within 1 year
		Diabetes, pregestational			Previous LBW (<2,500 gms)
		Disability:			Renal disease
		Eating disorder:			Seizure disorder:
		Ectopic pregnancy			Sickle cell: Trait Disease
		Elective Delivery <39 weeks			STI:
		Fetal loss: 1st 2nd 3rd			Substance Use (alcohol, tobacco, drugs)
		Gestational diabetes			Thyroid disease
		Hepatitis:			Weight gain or loss challenges

Medications:

Late Entry Into Prenatal Care
(First prenatal visit after 1st trimester)
 Check all that apply:
 Lack of health insurance
 Unaware of the importance of prenatal care
 Childcare issues
 Unable to find a health provider
 Unsure of keeping pregnancy to term
 Financial problems
 Unable to get an appointment in the first trimester
 Other (specify):

OTHER HEALTH AND SOCIAL NEEDS (please answer all questions below)

You, Your Family and Partner

Do you have children in your home or under your care? How many?
 Is your partner involved with your pregnancy?
 Is your husband or partner employed?
 Are you employed?
 Do you feel that you have enough help from your family or friends to care for your new baby?
 If you could change the timing of this baby would you want to?
 Did you consider adoption or abortion at any point during this pregnancy?

Are you currently in foster care?
 Has CFSA been involved with any of your children?
 Are you currently working with a case manager, therapist, or counselor?
 Have you seen a probation officer in the last 12 months?
 Do you worry about getting food when you need it or getting good quality food?
 Do you currently receive WIC benefits?
 Do you currently receive food stamps/EBT?

Transportation, Housing and Environmental Exposures

Have you moved in the last 3 months? How often?
 Are you homeless or worry that you could become homeless soon?
 Have any of your children had a positive blood test for lead?
 Do you have pets? What Kind? Cat Bird
 Other:
 Do you have cockroaches and rodents in your home?
 Does anyone in your household smoke?
 Are there any leaks or mold in your home?
 Do you have any problems getting to doctor visits or appointments?

Domestic Violence (ACOG 3-Question Screen)

Within the past year, or since you have been pregnant, have you be hit, slapped, kicked, or otherwise physically hurt by someone?
 Are you in a relationship with someone who threatens or physically hurts you?
 Has anyone forced you to have sexual activities that made you feel uncomfortable?

4 Ps Plus®

Did either of your parents have a problem with drugs or alcohol?
 Does your partner have any problem with drugs or alcohol?
 Have you ever felt manipulated by your partner?
 Have you ever felt out of control or helpless?
 Over the past 2 weeks:
 Have you felt down, depressed, or hopeless?
 Have you felt little interest or pleasure in doing things?

In the **month before** you knew you were pregnant:

About how many cigarettes did you smoke per week?
 None Less than ½ pack About 1 pack More than 1 pack
 How many days per week did you drink beer/wine/liquor?
 None Less than 1 1-2 3-6 Everyday
 How many days per week did you use marijuana, cocaine or heroin?
 None Less than 1 1-2 3-6 Everyday

And **now**:

About how many cigarettes do you smoke per week?
 None Less than ½ pack About 1 pack More than 1 pack
 How many days per week do you drink beer/wine/liquor?
 None Less than 1 1-2 3-6 Everyday
 How many days per week do you use marijuana, cocaine or heroin?
 None Less than 1 1-2 3-6 Everyday

Referrals: Referral completed (C) - check left box; Referral Needed (N) - check right box)

C N

APRA/Substance Abuse Program
 Domestic Violence Services
 High Risk OB/Maternal Fetal Medicine
 Home Environment Assessment
 Home Visiting Agency
 Genetics
 MCO Care Coordination/Case Management:
 Reason:
 Mental Health:
 Reason:

C N

Non-Obstetric Specialty Medical Care
 Nutritional Counseling/Nutritionist
 Oral Health/Dental Services
 Out of Plan Services Provider:
 Smoking Cessation Hotline/Services
 Social Work
 Support and Education Group:
 Teen Pregnancy Services
 WIC
 Other (specify):

Thank you for improving OB care and coordination of services!