

CalOptima Pregnancy Notification Report (PNR)

 FAX this form within **5 days** of the **1st prenatal visit** to CalOptima at **1-714-246-8677**

MEMBER INFORMATION		
Name:	CIN:	DOB:
Health Network:	Phone Number(s):	
Address:	City:	ZIP:
FIRST PRENATAL APPOINTMENT		
Date of first prenatal appt: ___/___/___	Gravida (G):	Para (P):
LMP: ___/___/___ EDC: ___/___/___	High Risk Pregnancy: Y / N	
MEMBER CONDITIONS		
Check the "at risk" box if member has a diagnosed condition. Provide comments, as needed.		
CONDITION	AT RISK	INTERVENTION AND/OR ADDITIONAL COMMENTS
Age (≤ 16 or ≥ 35)		<16: Parent/guardian aware of pregnancy: Y / N _____ Name Relationship
Diabetes		Circle one: Type 1 DM Type 2 DM GDM
Genetic condition(s)		
History of preterm labor (<37 weeks)		
Hypertension		
Late to Care/Insufficient Care		
Mental health disorder		
Multiple gestation		
Substance abuse		Use: Current User History of use Substance: Alcohol Illicit Drugs Tobacco Other:
Other high-risk conditions		
PROVIDER INFORMATION		
Provider:	Phone:	
Office Contact Name:	CPSP Certified: YES / NO	
Stamp:	PERINATAL SUPPORT SERVICES	
	Circle how services will be offered to the member	
	CPSP provided at provider office	CalOptima to coordinate CPSP services Member requests NO contact