

Report to Referring Provider

Patient's Current Pregnancy Information

- Did the patient have active Medicaid at the initial contact with the patient?
 Yes No
- Did the patient have to wait to see a doctor because Medicaid was not yet active?
 Yes No
- If yes, how long did the patient have to wait to see a doctor because of the lack of Medicaid?
Choose an item.
- When was the first prenatal appointment?
Click here to enter a date.
- How many weeks gestation was patient at first prenatal appointment?
Choose an item.
- Did the patient keep prenatal appointments?
 Yes No
- If yes, choose all appointment dates.
Click here to enter a date. Click here to enter a date. Click here to enter a date.
Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date. Click here to enter a date.
- Gravida Choose an item.
- Para Choose an item.
- Is the patient a diabetic?
 Yes No

- **If yes, was the patient referred for diabetic classes?**
 Yes No
- **If yes, did the patient attend the diabetic classes?**
 Yes No
- **If no, did the patient decline referral to diabetic classes?**
 Yes No
- **Was the patient diagnosed with gestational diabetes?**
 Yes No
- **If yes, was the patient referred for diabetic classes?**
 Yes No
- **If yes, did the patient attend the diabetic classes?**
 Yes No
- **If no, did the patient decline referral to diabetic classes?**
 Yes No
- **Was the patient educated about early delivery?**
 Yes No
- **Was the patient educated about safe sleep practices?**
 Yes No
- **Was the patient referred to the Gift of Life Family Programs?**
 Yes No
- **Was the patient on WIC at first appointment with CC?**
 Yes No
- **If no, was the patient referred to WIC?**
 Yes No

Previous Pregnancy Information

- **Has the patient ever been pregnant before?**
 Yes No
- **If yes, what was the date of prior delivery?**
Click here to enter a date.

- **What type of delivery occurred?**
Choose an item.
- **How many gestational weeks at delivery?**
Choose an item.
- **If abortion is selected was it:**
 Elective -or- Spontaneous
- **How many gestational weeks when abortion occurred?**
Choose an item.
- **List any other pregnancies in same format. (Date of delivery, type of delivery, was there an abortion, and how many gestational weeks.)**
[Click here to enter text.](#)

Postpartum Health Information

- **Date of delivery.**
[Click here to enter a date.](#)
- **Gestational weeks at delivery.**
Choose an item.
- **Was this a live birth?**
 Yes No
- **Type of delivery.**
Choose an item.
- **When is the patient's postpartum appointment?**
[Click here to enter a date.](#)
- **Did the patient keep the postpartum appointment?**
 Yes No
- **Is the patient breastfeeding?**
 Yes No
- **Is the patient established with a family planning provider?**
 Yes No
- **If no, was the patient referred to a family planning provider?**

Yes No

- **What type of birth control is the patient using?**
Choose an item.
- **Is the patient under the age of 21?**
 Yes No
- **If yes, was the patient referred for an EPSDT screening?**
 Yes No
- **Does the patient have a Dental Provider?**
 Yes No
- **If yes, who is the patient's Provider?** [Click here to enter text.](#)
- **Was the patient referred for dental care?**
 Yes No

Newborn Referral Information

- **Does the infant have a PMP?**
 Yes No
- **If no, was the infant referred to a PMP?**
 Yes No
- **Has the mother applied for WIC Services for the newborn?**
 Yes No

Report completed by: [Click here to enter text.](#)

Date completed/ Date submitted: [Click here to enter a date.](#)

****This form will only be sent once and it will be a "working" form until the case is closed.

Send Report to Referring Provider to fax 334-206-0342