Member Notification of Pregnancy

This form is confidential. If you have any problems or questions, please call Community Health Plan of Imperial Valley (CHPIV) at 1-833-236-4141 (TTY/TTD: 711) 24 hours a day, 7 days a week. This form is also available online at www.chpiv.org.

***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, methaphetamines)

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 _____