Banner University Health Plans
Banner – University Family Care

# NOTICE OF PREGNANCY (NOP) FORM

Fax completed form to (520) 874-7026

**Date of Request**: _____ ***Please ATTACH A COPY OF THE PRENATAL RECORD***

## MEMBER INFORMATION

Name:_____ AHCCCS ID:_____ DOB:_____ AGE: _____

Phone: Cell _____ Other _____

Interpreter needed? ◯ Yes ◉ No If yes, language: _____ Deaf/Hard of hearing? ◯ Yes ◉ No

## PROVIDER INFORMATION

Name:_____ NPI:_____

Phone:_____ Fax:_____

Contact Person:_____ Extension:_____

## CLINICAL INFORMATION

☐ WIC Referral Complete

LMP:_____ (☐ Not Known) EDD:_____ (From ◯ LMP ◉ U/S) ☐ HIV Screening Complete

Date of entry into prenatal care:_____ Date of first visit in Provider's office:_____

Pre-pregnancy weight_____ (☐ Not known) Current weight _____ Height _____

| History | Number (indicate if none) | History | Number (indicate if none) |
|---|---|---|---|
| Total # pregnancies: | _____ | # Living children: | _____ |
| # Stillbirths: | _____ | # Miscarriages/terminations: | _____ |
| # Deliveries after 37 0/7 weeks: | _____ | # Cesarean deliveries: | _____ |
| # Deliveries 32 0/7 – 36 6/7 weeks: | _____ | # VBAC deliveries: | _____ |
| # Deliveries before 32 weeks: | _____ | | |

***NOTE: IF ALL INFORMATION BELOW IS FOUND ON THE ATTACHED PRENATAL RECORD, IT IS NOT NECESSARY TO CONTINUE***

| Condition *(Check all that apply)* | Current | Prior | Condition *(Check all that apply)* | Current | Prior |
|---|---|---|---|---|---|
| Multiple gestation # _____ | ☐ | ☐ | Preterm Labor | ☐ | ☐ |
| Gestational Diabetes | ☐ | ☐ | Incompetent Cervix | ☐ | ☐ |
| Type 1 or 2 Diabetes | ☐ | ☐ | Placenta Previa | ☐ | ☐ |
| PIH/Pre-eclampsia | ☐ | ☐ | Placental Abruption | ☐ | ☐ |
| Eclampsia | ☐ | ☐ | Seizure Disorder | ☐ | ☐ |
| Chronic Hypertension | ☐ | ☐ | Heart Disease | ☐ | ☐ |
| Fetal Anomalies | ☐ | ☐ | Renal Disease | ☐ | ☐ |
| Genetic Disorder | ☐ | ☐ | Hepatic Disease | ☐ | ☐ |
| Behavioral Health | ☐ | ☐ | HIV/AIDS | ☐ | ☐ |
| Domestic Violence | ☐ | ☐ | Infectious Disease | ☐ | ☐ |
| Morbid Obesity | ☐ | ☐ | Substance Abuse | ☐ | ☐ |
| Other Obstetrical Condition | ☐ | ☐ | Tobacco Use | ☐ | ☐ |
| Other Medical Conditions | ☐ | ☐ | Social/Support Needs | ☐ | ☐ |

If checked, please explain below: