HIGHMARK

Phone: 1-877-878-8785, #2
Fax: (716) 887-7913
Medicaid Phone: (866) 231-0847
Medicaid Fax: (844) 812-2276

FIDELIS CARE

Phone: (800) 247-1441
FAX: (866) 815-7223

Independent Health

Phone: (716) 635-3523
FAX: (716) 250-7140

univera HEALTHCARE

Case Management: 1-844-694-6411
Fax #: 1-866-838-7617

MOLINA HEALTHCARE

FAX: (844) 879-4471
WHNYCaseManagment@molinahealthcare.com

WNY COLLABORATIVE
PRENATAL CARE RISK SCREENING and REFERRAL FORM

Member Information

Last Name: _____ First Name: _____ ID #: _____

Street Address: _____ City _____ State: _____ Zip: _____

Home Phone: ____/____/____ Work/Cell phone: ____/____/____ DOB: ____/____/____ (MM DD YYYY)

PNC Provider Information

Last Name: _____ First Name: _____ Group Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Provider ID#: _____ Tax ID#: _____ Phone: ____/____/____ Provider FAX: ____/____/____

Pregnancy Information

Initial Visit Date: ____/____/____ (MM DD YYYY) Gestational Age at time of PNV (weeks): _____ ☐ by LMP **OR** ☐ by Ultra sound

Gravida: _____ Para: _____ LMP ____/____/____ EDC ____/____/____

Height: _____ Weight: _____ (MM DD YYYY) Pre-pregnancy BMI: _____ (MM DD YYYY)

Demographic Information: Choose ALL that apply

Race/ethnicity: ☐ Caucasian ☐ Black or African American ☐ Asian ☐ American Indian ☐ Other
Primary Language: ☐ English ☐ Spanish ☐ Other (specify) _____ Hispanic: ____Yes / ____No

Pregnancy Risk Factors: Choose ALL risk factors that apply

Prior	Current	
☐	☐	Abdominal surgery
☐	☐	C-Section
☐	☐	Cervical incompetence
☐	☐	Placenta Abruptio
☐	☐	Placenta Previa

Prior	Current	
☐	☐	Pre-term labor
☐	☐	Preterm birth <37 wks
☐	☐	LBW <2500gms 5 ½ lbs
☐	☐	Bt wt >4500gms/10lbs
☐	☐	Stillborn/fetal death >22 wks

Prior	Current	
☐	☐	Fetal abnormality
☐	☐	Multiple gestation
☐	☐	HTN/Preeclampsia
☐	☐	Gestational Diabetes
☐	☐	STDs _____

Prior	Current	
☐	☐	<16 yr or > 35
☐	☐	Depression
☐	☐	Alcohol use
☐	☐	Tobacco use
☐	☐	Drug use

Medically Assisted Therapy: _____

Medical Risk Factors: Choose ALL risk factors that apply

Yes	On Meds	
☐	☐	Anemia
☐	☐	Asthma
☐	☐	Auto-Immune disorder
☐	☐	Cardiac history

Yes	On Meds	
☐	☐	Diabetes Mellitus
☐	☐	DVT/Pulmonary Embolism
☐	☐	Dental problem
☐	☐	HIV/AIDS

Yes	On Meds	
☐	☐	Hypertension
☐	☐	Kidney disease
☐	☐	Thyroid disorder
☐	☐	Seizures

Yes	On Meds	
☐	☐	Eating disorder
☐	☐	Underweight
☐	☐	Overweight/Obese
☐		Lead Exposure

Psycho-Social Risk Factors: Choose ALL risk factors that

☐ Unmarried/NO partner
☐ No family support
☐ Unstable housing
☐ Homeless
☐ Health Home
☐ Unemployed (patient)
☐ Husband/partner unemployed
☐ Education <12 yrs
☐ Transportation problem
☐ Mental disability
☐ Physical disability
☐ Sexual abuse
☐ Physical abuse
☐ Risk of self-harm
☐ Domestic violence
☐ Unplanned pregnancy
☐ Children in foster care
☐ Language barrier

Yes	On Meds	
☐	☐	Psychiatric diagnosis

Referrals Made: Check actions taken by the provider and/or those refused by the patient

Yes	Refused	
☐	☐	Community Case Manager
☐	☐	Health Plan Case Manager
☐	☐	Behavioral / mental health
☐	☐	Domestic violence

Yes	Refused	
☐	☐	High risk OB
☐	☐	Substance abuse
☐	☐	Tobacco cessation program
☐	☐	Dental care

Yes	Refused	
☐	☐	Asthma educator
☐	☐	Diabetes educator
☐	☐	Home Visit Provider
☐	☐	Supplemental Nutrition Assistance (Food Stamps)

Yes	Refused	
☐	☐	WIC
☐	☐	Nutrition Counseling
☐	☐	Oth

1) Do you or your patient want assistance with linkage or referral services? ☐ YES _____
2) Do you want to refer your patient (if applicable) to Nurse Family Partnership? ☐ YES
3) Do you want to refer to Buffalo Prenatal Perinatal Network ☐ YES

Current Pregnancy Risk: ☐ High ☐ At-Risk ☐ Low

Name: _____ Date: _____

Provider Completing Form

Nurse Family Partnership is available to first-time moms who are pregnant (28 weeks or less), WIC eligible and live in a participating service area (currently offered in Chautauqua, Erie, Monroe & Niagara counties). The program provides free help from a personal nurse who will conduct home visits to offer advice, education and support throughout the pregnancy and until the baby is 2 years old. For more information, please visit: https://www.nursefamilypartnership.org/first-time-moms/.

NYHM-CD-058117-24 | May 2024