

# Member Notification of Pregnancy

This form is confidential. If you have any problems or questions, please call Absolute Total Care at 1-866-433-6041 (TTY/TTD: 711). This form is also available online at [www.absolutetotalcare.com](http://www.absolutetotalcare.com). Need help? Call Member Services at 1-866-433-6041 (TTY: 711). Email forms to [ATC\_Communications@centene.com].

\*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 good about where I live.

I feel safe at home and with the people in my life.

I have transportation for my daily needs.

I have enough food for me and my family each day.

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, methamphetamine)

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

