

Pregnancy Information Form

Absolute Total Care's Care Managers would like to partner with you! Early notification of pregnancy supports a healthy outcome for both your patient and their baby. Please fill out the information below and fax the completed form to the number listed below.

Provider Information

Provider Name: _____

Provider Phone Number: _____

Provider TIN: _____

Patient Information

Patient Name: _____

Patient Date of Birth: _____

Patient Phone Number: _____

Patient Due Date: _____

Medicaid ID Number: _____

Patient Clinical Information (Select All That Apply)

History of preterm labor

Current substance use/abuse

Currently pregnant with multiples

Diabetes (including gestational diabetes)

Hypertension (chronic or pregnancy induced)

Please fax this completed form to Absolute Total Care at **1-866-918-4451**.