Pregnancy Notification (First Prenatal Visit)

Please fax **ALL pages** to 702-691-5620 (Must be faxed within 15 days of first visit)



Type of Referral:	Language Preference:	
☐ Pregnancy Notification	☐ High Risk Pregnancy	☐ Miscarriage/Termination Notification
Culinary ID#:		
Patient Name:		
Street Address:		
City/State:		
Phone:		
Date of Birth:		
LMP:		
PARA	GRAVIDA	
Physician:		
Street Address:		
Di		
Tax ID#:		

The information contained in this facsimile is confidential and includes protected patient health information. The information is intended only for the use of CHF and its designees.

If you are not the intended recipient or the employee or the agent responsible to deliver it to the intended recipient, you are hereby notified that any use, disclosure, distribution or copying of this communication is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone at 702-892-7393 and return the original message to us at CHF, 1901 Las Vegas Blvd South, Suite 101, Las Vegas, NV 89104.

For Office Use Only

Background Summary for Questionnaires.

These are evidence based guidelines which treating providers are encouraged to use, along with their own clinical judgment:

- 17-Hydroxyprogesterone caproate (17P) Use in Pregnancy Guidelines 17P has been shown to decrease the risk of preterm delivery.
- Aspirin Use in Pregnancy Guidelines

Low dose aspirin has been shown to decrease the risk of preeclampsia in pregnancy and the associated complications.