

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: _____ EDC: _____ GESTATIONAL AGE: _____

PARA _____ GRAVIDA _____

Physician: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

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.

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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.