

Pregnancy Notification (First Prenatal Visit)

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



Type of Referral:

☐ Pregnancy Notification ☐ High Risk Pregnancy ☐ Miscarriage/Termination Notification

Member 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.

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-H Progesterone Use in Pregnancy Guidelines**

17-OH progesterone 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.

High Risk Factor Questions	Yes	No
1. Is there a history of preeclampsia in a prior pregnancy?		
2. Is the current pregnancy multiple gestation?		
3. Is chronic hypertension present?		
4. Is pre-gestation diabetes present?		
5. Is renal disease present?		
6. Is autoimmune disease or are antiphospholipid antibodies present? (antiphospholipid syndrome, lupus, etc.)		

If the answer to ANY ONE (1) High Risk Factor Question is YES, the patient may be a candidate for Aspirin treatment, if no contraindications exist. Move to section B - Exclusion Criteria.

B. Exclusion Criteria

Do not use Aspirin if any of the following contraindications exist.

Contraindications to the use of Aspirin	Yes	No
1. Allergy to Aspirin		
2. Bleeding disorder		
3. Platelet disorder		
4. Recent vaginal bleeding		
5. Reye's Syndrome		
6. Inadequate vitamin K		
7. G6PD deficiency		
If ANY contraindication is present, do not use Aspirin		

17 - OH Progesterone

A. Inclusion Criteria

Inclusion Criteria	Yes	No
1. Is there a history of previous singleton preterm delivery from 20-36 6/7 weeks gestation?		
2. Was the previous preterm delivery from spontaneous labor or PPRM?		

If the answer to BOTH Inclusion Criteria questions are YES, the patient may be a candidate for weekly 17-OH progesterone treatment, if no contraindications exist. Move to section B - Exclusion Criteria

B. Exclusion Criteria

Do not use 17-OH progesterone if any of the following contraindications exist.

Contraindications to the use of 17-OH Progesterone	Yes	No
1. Current pregnancy is multiple (2 or more) gestation		
2. Current pregnancy is more than 20 6/7 weeks gestation		
3. Current or history of thrombosis or thromboembolic disorders		
4. Known or suspected breast cancer, other hormone sensitive cancer or a history of these conditions		
5. Undiagnosed abnormal vaginal bleeding unrelated to pregnancy		
6. Cholestatic jaundice of pregnancy		
7. Liver tumors, benign or malignant or active liver disease		
8. Uncontrolled hypertension		
9. Allergy to hydroxyprogesterone caproate, castor oil or any of the other ingredients in 17-OH Progesterone (Makena)		
10. Any other contraindications to 17-OH progesterone: (list here)		

If ANY contraindication is present, do not use 17-OH progesterone treatment

Fax to: 702-691-5620