BlueCross BlueShield of Western New York
Phone: 1-877-878-8785, #2
Fax: (716) 887-7913
Medicaid Phone: (866) 231-0847
Medicaid Fax: (844) 812-2276

FIDELIS CARE
Phone: (800) 247-1441
FAX: (866) 815-7223

Independent Health
Phone: (716) 635-3523
FAX: (716) 250-7140

MOLINA HEALTHCARE
FAX: (844) 879-4471
MHNYCaseManagment@molinahealthcare.com

WNY COLLABORATIVE PRENATAL CARE RISK SCREENING and REFERRAL FORM

Member Information

Last Name: ______________ First Name: ______________ ID #: ______________

Street Address: ______________ City ______________ State: ________ Zip: ____________

Home Phone: ______/______/________ Work/Cell phone: ______/______/________ DOB: ____/____/______ (MM DD YYYY)

PNC Provider Information

Last Name: ______________ First Name: ______________ Group Name: ____________

Address: ______________ City: ______________ State: ________ Zip: ____________

Provider ID#: __________ Tax ID#: __________ Phone: _____/_____/_____ Provider FAX: _____/_____/_____

Pregnancy Information

Initial Visit Date: ____/____/______ (MM DD YYYY) Gestational Age at time of PNV (weeks): ______ ☐ by LMP **OR** ☐ by Ultra sound

Gravida: ________ Para: __________ LMP ____/___/________ (MM DD YYYY) EDC ____/___/________ (MM DD YYYY)

Height: ______________ Weight: ______________ Pre-pregnancy BMI: ____________

Demographic Information: Choose ALL that apply

Race/ethnicity: ☐ Caucasian ☐ Black or African American ☐ Asian ☐ American Indian ☐ Other

Primary Language: ☐ English ☐ Spanish ☐ Other (specify) __________________ Hispanic: ____ Yes / ____ No

Pregnancy Risk Factors: Choose ALL risk factors that apply

Prior	Current		Prior	Current		Prior	Current		Prior	Current	
☐	☐	Abdominal surgery	☐	☐	Pre-term labor	☐	☐	Fetal abnormality	☐	☐	<16 yr or > 35
☐	☐	C-Section	☐	☐	Preterm birth <37 wks	☐	☐	Multiple gestation	☐	☐	Depression
☐	☐	Cervical incompetence	☐	☐	LBW <2500gms 5 ½ lbs	☐	☐	HTN/Preeclampsia	☐	☐	Alcohol use
☐	☐	Placenta Abruptio	☐	☐	Bt wt >4500gms/10lbs	☐	☐	Gestational Diabetes	☐	☐	Tobacco use
☐	☐	Placenta Previa	☐	☐	Stillborn/fetal death >22 wks	☐	☐	STDs ____________	☐	☐	Drug use

Medically Assisted Therapy: __________

Medical Risk Factors: Choose ALL risk factors that apply

Yes	On Meds		Yes	On Meds		Yes	On Meds		Yes	On Meds	
☐	☐	Anemia	☐	☐	Diabetes Mellitus	☐	☐	Hypertension	☐	☐	Eating disorder
☐	☐	Asthma	☐	☐	DVT/Pulmonary Embolism	☐	☐	Kidney disease	☐	☐	Underweight
☐	☐	Auto-Immune disorder	☐	☐	Dental problem	☐	☐	Thyroid disorder	☐	☐	Overweight/Obese
☐	☐	Cardiac history	☐	☐	HIV/AIDS	☐	☐	Seizures	☐		Lead Exposure

Psycho-Social Risk Factors: Choose ALL risk factors that

☐ Unmarried/NO partner	☐ Unemployed (patient)	☐ Physical disability	☐ Unplanned pregnancy	Yes / On Meds
☐ No family support	☐ Husband/partner unemployed	☐ Sexual abuse	☐ Children in foster care	☐ ☐ Psychiatric diagnosis
☐ Unstable housing	☐ Education <12 yrs	☐ Physical abuse	☐ Language barrier	
☐ Homeless	☐ Transportation problem	☐ Risk of self-harm		
☐ Health Home	☐ Mental disability	☐ Domestic violence		

Referrals Made: Check actions taken by the provider and/or those refused by the patient

Yes	Refused		Yes	Refused		Yes	Refused		Yes	Refused	
☐	☐	Community Case Manager	☐	☐	High risk OB	☐	☐	Asthma educator	☐	☐	WIC
☐	☐	Health Plan Case Manager	☐	☐	Substance abuse	☐	☐	Diabetes educator	☐	☐	Nutrition Counseling
☐	☐	Behavioral / mental health	☐	☐	Tobacco cessation program	☐	☐	Home Visit Provider	☐	☐	Other
☐	☐	Domestic violence	☐	☐	Dental care	☐	☐	Supplemental Nutrition Assistance Program (Food Stamps)			

1) Do you or your patient want assistance with linkage or referral services? ☐ YES ______________________

2) Do you want to refer your patient (if applicable) to Nurse Family Partnership? ☐ YES *If so, see reverse for eligibility criteria.*

Name: ______________________ (Provider completing form) Date: ____________ Practitioner Signature or office stamp:

Current Pregnancy Risk: ☐ High ☐ At-Risk ☐ Low

Nurse Family Partnership is available to first-time moms who are pregnant (28 weeks or less), WIC eligible and live in a participating service area (currently offered in Chautauqua, Erie, Monroe & Niagara counties). The program provides free help from a personal nurse who will conduct home visits to offer advice, education and support throughout the pregnancy and until the baby is 2 years old. For more information, please visit: https://www.nursefamilypartnership.org/first-time-moms/.