



OB REGISTRATION FORM

Complete and return this form for all obstetrical patients assigned to Virginia Premier. Information is used by care management teams to educate members and coordinate care.
Please fax this form back to Virginia Premier at 1-800-827-7192

Patient Information				
Member's Name:		Age:	Date of Birth:	
Current Address:			VPHP ID#	
Patient's Phone Numbers: (Home)		(Cell)	Today's Date :	
Alternate Phone Number:				
Provider Information				
Name of Facility:	Name of Obstetrician:	NPI Number:	Phone Number:	Fax Number:
Patient History				
Current Weight:	Pre-Pregnancy Weight	Height:	Last Menstrual Period:	Sonogram Performed:
Date Prenatal Care Initiated:	Gravida:	Para:	EDC:	
	Live Births:	Ectopic:		
Risk Assessment				
Planned C-Section Indication: _____ Smoker Substance Abuse If yes, list: _____ HIV/AIDS STD IF yes, list: _____ IUGR Incompetent Cervix Other: _____ Do you consider this a High Risk Pregnancy? If yes, explain: _____ Additional Comments: _____ _____ _____ _____	Previous Adverse Pregnancy Outcomes			
	<input type="checkbox"/> Premature Births <input type="checkbox"/> Stillbirths <input type="checkbox"/> Fetal Death <input type="checkbox"/> Fetal Abnormalities <input type="checkbox"/> Fetal Complications <input type="checkbox"/> Abortion <input type="checkbox"/> Other: _____			
Current Pregnancy Complications				
Maternal Bleeding Preeclampsia Diabetes Hypertension Nutritional Deficit Other: _____				

Virginia Premier

Contact Us: P.O. Box 5307 Richmond, VA 23220
 Fax to Medical Management: 1-800-827-7192
 For Medical Management questions call toll free:
 1-888-251-3063 All other questions call toll free: 1-800-727-7536