Reset Form

Horizon Blue Cross Blue Shield of New Jersey

High Risk Maternity Fax Form

Fax to 1-888-456-2415

PLEASE PRINT CLEARLY

You may complete the required fields below online and then save or print a copy for submission. To save a completed copy to your computer, choose File > Save As to rename the file and save the form with your information to your computer.

Please indicate patient's plan: ☐ Horizon HMO ☐ Horizon PPO ☐ Horizon POS ☐ NJ DIRECT ☐ Horizon Direct Access ☐ Horizon BCBSNJ Indemnity

Date: _____ / _____ / _____
MM DD YYYY

Obstetrician Information

Physician Name: _____ _____
Last First

Contact Name: _____ _____ _____
Last First MI

Telephone Number: _____ – _____ – _____ Fax #: _____ – _____ – _____

Patient Information

Member Name: _____ _____ _____
Last First MI

Member ID #: _____ DOB: _____ / _____ / _____
MM DD YYYY

Home Phone: _____ – _____ – _____ Work Phone: _____ – _____ – _____

Due Date: _____ / _____ / _____ Date of 1st Prenatal Visit: _____ / _____ / _____
MM DD YYYY MM DD YYYY

LMP:_____ / _____ / _____ Blood Type: _____
MM DD YYYY

Pregnancy History

G _____ P_____ L _____ ☐ Induced AB _____ ☐ Spontaneous AB _____ ☐ Ectopic _____ ☐ Multiple Gestation _____

Anticipated Delivery NSVD C/S VBAC Hospital _____

Current Pregnancy	YES	**Previous Pregnancy**	YES	**Medical Conditions**	YES
<17 or >39 years old	☐	Birth weight < 2000 gms/4 lbs	☐	Anxiety/Depression	☐
Fetal Abnormality	☐	Birth Weight >4082 gms/9 lbs	☐	Cardiac Disease	☐
Gestational Diabetes	☐	Congenital Anomaly	☐	Clotting Disorder	☐
IUGR	☐	Fetal Demise _____ wks	☐	Diabetes	☐
Multiple Gestation/Fetal Reduction	☐	Gestational Diabetes	☐	Hepatitis	☐
Nutritional Risk	☐	Incompetent Cervix	☐	HIV	☐
Oligo/Polyhydramnios	☐	Multiple Miscarriages (3 or more)	☐	Hypertension	☐
Placental Complications	☐	Multiple TOP (3 or more)	☐	Lupus	☐
Pregnancy Induced Hypertension	☐	Post Partum Depression	☐	Mental Illness	☐
Pregnant from Infertility Treatments	☐	Pregnancy induced Hypertension	☐	Neurological Disorders	☐
Preterm Labor	☐	Preterm Delivery _____ wks	☐	Renal Disease	☐
Psycho/Social Risk	☐	Preterm Labor	☐	Respiratory Conditions	☐
Unresolved Hyperemesis after 24 wks	☐			Seizure Disorder	☐
Uterine/Cervical Abnormalities	☐			Thyroid Disease	☐

Please explain: _____

Medications: _____ Allergies:_____

☐ Tobacco ☐ Alcohol ☐ Hx of Drug Abuse

IMPORTANT WARNING ABOUT PRIVATE INFORMATION:

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