

Pregnancy Notification Form

Please submit the following information to Sendero Health Plans after the initial prenatal visit to:

- FAX : 512-901-9724
- Call: 1-855-297-9191
- Mail: Sendero Health Plans 2028 East Ben White Boulevard, Suite 400 Austin, TX 78741

MEMBER'S NAME:		DATE OF BIRTH:	
Member's ID#:		Member's Phone #	
Member's Address:			
Member's Marital Status:	□ Single □ Partnered	□ Married □ Separate	ed 🗆 Divorced 🗖 Widowed
OB's Name:		OB's Phone #:	
Office Contact Person:		Office Fax #:	
Gravida/Para/AB/Living:		Delivery Hospital	
Due Date by Sonogram:		Due date by Dates:	
Risk Factors / Significant Medical History:			
🗆 Age	□ Weight	Anemia	Pre-eclampsia/eclampsia
☐ Multiple birth		Diabetes	High Blood Pressure
☐ Kidney Disease	Heart Disease	Seizures	
	□ Tobacco abuse		
Previous preterm labor / delivery		Previous miscarriage/SAB/Stillbirth	
Other			
	1		
Date of first appt with this		# Weeks gestation	
Physician's office:		at first office visit:	
Previous Prenatal Care:		Location of Previous	
		Prenatal Care:	
Date of first Prenatal Visit		# Weeks gestation	
for this pregnancy:		at first prenatal visit:	
Comments / Concerns:		Any special needs?	

Standard Length of Stay is two nights following a vaginal delivery and four nights following a Cesarean section. Please call 1-855-297-9191 if your patient's medical condition warrants a longer stay.