

# Pregnancy Care Management Referral

Pregnancy Care Management services are available thru the Pregnancy Medical Home Program to pregnant and postpartum women receiving Medicaid and who have risk factors which may put them at risk for poor birth outcomes. We are working together to improve birth outcomes through coordinated, evidence-based maternity care for women at risk for poor birth outcomes, with a focus on quality improvement.

## Priority Risk Factors Include (Please Check ALL That Apply):

- History of Preterm Birth (less than 37 completed weeks)
  - Chronic Medical and / or Behavioral Health Conditions which may Complicate Pregnancy (Diabetes, High Blood Pressure, Mental Illness Diagnosis, Sickle Cell, Asthma, HIV, etc.)
  - Unsafe Living Environment (Violence / Abuse or Homelessness / Unstable Housing)
  - History of Low Birth Weight (less than 2500 grams / 5 lbs 8 oz)
  - Late Entry to Prenatal Care (After 14 weeks of pregnancy)
  - Fetal Complications (medical problems with unborn child)
  - Multiple Gestation (twins, triplets, etc.)
  - Substance use (Use in the month prior to pregnancy or current use) OR Current Tobacco Use
  - Other( specify): \_\_\_\_\_
- 

Patient Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Prenatal Care Provider: \_\_\_\_\_ Due Date: \_\_/\_\_/\_\_

Patient's Address: \_\_\_\_\_

Patient's County of Residence: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Type:     Medicaid     None     Other: \_\_\_\_\_    Medicaid ID#: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referral Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Please Send Referral to: Johnston County ; Attention Stephanie Thompson or Karen Beasley Fax: 919-989-5266

---

Referral Received By: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Patient Assigned To: \_\_\_\_\_ Date: \_\_/\_\_/\_\_