

This form is confidential. If you have any problems or questions, please call Health Net at 1-800-522-0088 (TTY: 711) 24 hours a day, 7 days a week.

*Member ID #:

Your First Name:

Your Last Name:

*Your Birth Date MMDDYYYY:

Gender Identification:

Phone Number:

Mailing Address:

City:

State:

Zip Code:

Email Address:

Race/Ethnicity (select all that apply):

☐

White

☐

Black/African American

☐

Decline to share

☐

American Indian/Native American

☐

Asian

☐

Native Hawaiian or Other Pacific Islander

☐

Hispanic or Latino

☐

Other

If other ethnicity, please specify:

What Provider/Clinic is helping me during my pregnancy:

First Name:

Last Name:

Phone Number:

Clinic Name (if applicable):

My Current Situation

Please check this box if you would answer no to any of the below:

☐

I have a phone.

I feel good about where I live.

I feel safe at home and with the people in my life.

I have transportation for my daily needs.

I have enough food for me and my family each day.

I am able to pay my utility bills (gas, water, electric, etc).

My Current Pregnancy Information

I have been to my first prenatal visit?

☐

Yes

☐

No

If yes, how many weeks pregnant were you at your first visit:

*Member ID #:

Name: Last, First:

My due date is (If you do not know your due date, when was the first day of your last period):

This is my first pregnancy

Yes

No

Where will I give birth to my baby

(Hospital or birthing center):

Please check all that apply:

- ☐

Multiples (twins, triplets)
- ☐

Diabetes (high blood sugar; type I, type II, during pregnancy only)
- ☐

Asthma or other breathing problems
- ☐

Tobacco use (smoking cigarettes, chewing tobacco, or vaping)
- ☐

Depression (feeling blue)
- ☐

Anxiety (feeling worried or stressed)
- ☐

I do not have any of these
- ☐

Other health needs

☐

High blood pressure or heart problems

☐

Very bad nausea and vomiting

☐

Sickle cell

☐

Seizures/epilepsy

☐

Bipolar disorder

☐

Kidney disease

☐

Substance use (fentanyl, opiates, heroin, crack, cocaine, alcohol, marijuana, methamphetamine)

Please explain

My Past Pregnancy History

Please check all that apply:

- ☐

Previous delivery before 37 weeks
- ☐

Gestational diabetes (high blood sugar while pregnant)
- ☐

High blood pressure in pregnancy/preeclampsia or heart problems
- ☐

Delivery less than 18 months ago
- ☐

Taking any form of progesterone
- ☐

Previous C-section
- ☐

I did not have any of these or this is my first pregnancy
- ☐

Other

Please explain

