

OB NOTIFICATION

PLEASE FAX TO SHERRY CHILDRESS @ 859-268-3515

Date of Notification:	Obstetrician:
Patient's Name:	Address:
Telephone Number:	
ID#:	Phone:
Date of Birth:	Fax:
Trimester:	Gravida: Para:
Expected Due Date:	AB's (abortion/miscarriage):
First Prenatal Visit:	RH factor:

PLEASE CHECK ALL THE HIGH-RISK PROBLEMS THAT APPLY:

- | | | |
|--|--------------------------|------------------------|
| { HTN | { STD's | { sickle cell |
| { pre-eclampsia | { severe anemia | { blood dyscrasia |
| { heart, kidney, lung or liver disease | { convulsions | { incompetent cervix |
| { diabetes | { mental health problems | { ectopic pregnancy |
| { gestational diabetes | { multiple gestation | { PROM |
| { bleeding during pregnancy | { abnormal FHT's | { hx of preterm births |
| { intrauterine growth restriction | { previous birth defects | { hx of stillbirths |
| { hx of large infants > 9 lbs. | { no prenatal care | |

NAME OF PERSON COMPLETING FORM: _____

**If you have any questions, please call
859-335-3707 or 1-800-787-2680, ext. 3707**