



From the Start

Maternal health member incentive



Tell us about your pregnancy within 30 days after your doctor confirms it, and we'll send you a \$25 gift card.

Member name (first, last): _____ Middle initial: _____

Date of birth (mm/dd/yyyy): _____ Member ID: _____

Home phone: _____ Email: _____

I consent to receive phone calls and emails from UnitedHealthcare regarding my care and benefits

OB/GYN name: _____

Date of first prenatal visit: _____ Estimated due date: _____

Phone: _____ Last menstrual period: _____

Prenatal visit dates (mm/dd/yyyy)

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Active/past medical problems

Anemia Hgb <10

Asthma

Cardiac disease (specify) _____

Chronic hypertension

Clotting disorder (specify) _____

Diabetes

Hepatitis (specify) _____

HIV

Renal disease (specify) _____

Seizure disorder

STD (specify) _____

Sickle cell disease

Thyroid disease (specify) _____

Other medical/social issues

Current pregnancy risks

- 2nd/3rd trimester bleeding
- Placental abnormalities
- Gestational diabetes
- Missed prenatal care visit
- Perinatal depression
- Dental disease
- Inadequate weight gain
- Pregnancy induced hypertension
- Premature ROM
- Pre-term labor <32 weeks or PT dilation of cervix >1.5 cm
- Previous delivery within 1 year

Past pregnancy complications

- Gestational diabetes
- Incompetent cervix
- IUGR
- Pregnancy induced hypertension
- Premature ROM
- Pre-term delivery <32 weeks
- Pre-term delivery <32-36 weeks
- Pre-term labor <32 weeks
- Previous c-section
- Recurrent 2nd trimester loss

Social, economic, lifestyle risks

- Currently using tobacco
- Cessation services offered
- Domestic or intimate partner violence
- Eating disorder
- History of chronic depression
- Homelessness
- Mental health disorder
- Currently on medication
- Intellectual Development Disorder
- English IS NOT my primary language
- Alcohol use
- Street or prescription drug use
- Teen pregnancy with parent or guardian awareness
- Substance abuse screen
- Depression screening completed



**Send your completed form by email to:
uhc_fl_fbhrcm@optum.com.**

Please use “HFS” in the subject line.
Contact your physician if you are unsure
about a diagnosis or condition.

We're here to help

Need help finding a provider or scheduling an appointment? Chat with Member Services through the **UnitedHealthcare® app** or at **myuhc.com/communityplan**. Or call 1-888-716-8787, TTY 711, Monday-Friday, 8 a.m.-7 p.m.

**United
Healthcare®**
Community Plan