



# Member Notification of Pregnancy



This form is available via the member portal and Forms web page at ILmeridian.com. If you have any problems or questions, please call Meridian at 866-606-3700 (TTY: 711). You can also print the form and mail to: MERIDIAN MEDICAID PLAN PO BOX 2010, FARMINGTON, MO 63640-9706



\*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, methamphetamines)

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

