arizona complete health
Complete Care Plan

Start Smart FOR YOUR BABY

Member Notification of Pregnancy

This form is confidential. If you have any problems or questions, please call Arizona Complete Health-Complete Care Plan at 1-888-788-4408, (TTY/TDD: **711**). This form is also available online at AZCompleteHealth.com/completecare

***Medicaid 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 ☐ Hispanic/Latino

☐ American Indian/Native American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Decline to share

☐ 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 the box if you would answer no to any of the below: ☐

I have a phone

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

I have enough food for me and my family each day

I feel good about where I live

I feel good about where I live

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 are your first visit:

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***Medicaid 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 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 pressue or heart problems
- ☐ Very bad nausea and vomiting
- ☐ Sickle Cell
- ☐ Seizures/epilepsy
- ☐ Bipolar Disorder
- ☐ Kidney Disease
- ☐ Substance use (fentanyl, opiates, heroin, crack, cocaine, alcohol, marihjuana, methaphetamines

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
- ☐ Taking any form of progesterone
- ☐ Previous C-section
- ☐ I did not not have any of these or this is my first pregnancy
- ☐ Other

Please explain

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