

Provider Name \_\_\_\_\_

Keystone Mercy  
Provider ID Number

Service Site \_\_\_\_\_

Date of Visit \_\_\_\_/\_\_\_\_/\_\_\_\_

Member Referred to WeeCare Program?    Y  N

To contact us or to refer a patient: **215-863-5711**

Member Name \_\_\_\_\_

Member Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Member SS #  -  -

Member ID #

Patient Contact Numbers: Home (\_\_\_\_) \_\_\_\_-\_\_\_\_

Work (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_

### Past Pregnancies

Gravida \_\_\_\_\_ Para \_\_\_\_\_ Living \_\_\_\_\_

Any previous babies with birth weight <2500g or 5 lbs 8oz?    Y  N  N/A

Prior C-Section?    Y  N  N/A

Prior Pregnancy Complications:

Pre-term Labor    Y  N

17P Candidate    Y  N

Spontaneous Bleeding?    Y  N

Uterine Irritability    Y  N

Pre-eclampsia/eclampsia    Y  N

IUFD    Y  N

History of placental previa?    Y  N

### Medical History & Screenings

Maternal history of mental, physical, sexual abuse?    Y  N

Maternal history of mental illness?    Y  N

Maternal history of depression?    Y  N

Referral for mental health treatment?    Y  N

Diagnosis of Bacterial Vaginosis during this pregnancy    Y  N

Diagnosis of sexually transmitted diseases in current pregnancy?    Y  N

Check all that apply: Syphilis    Y  N

Gonorrhea    Y  N

Chlamydia    Y  N

History of:

Diabetes    Y  N

HTN    Y  N

Cardiac    Y  N

Asthma    Y  N

HIV/AIDS    Y  N

### Current Pregnancy

Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this pregnancy a multiple gestation?    Y  N

Uterine anomaly; Fibroids; DES Exposure; Cervical Surgery; cerclage, conization, LEEP procedure?    Y  N

Bleeding in first or second trimester? (Greater than spotting)    Y  N

Albuminuria persistently greater than trace amounts?    Y  N

Diastolic BP>10mm/Hg over usual baseline?    Y  N

Hemoglobin<9g or hemocrit<28%?    Y  N

Pyelonephritis during current pregnancy?    Y  N

Uterine irritability?    Y  N

Oligohydramnios by ultrasound?    Y  N

Polyhydramnios by ultrasound?    Y  N

Cervical Changes: Effacement/Dilatation/Shortening?    Y  N

Has mother used alcohol during this pregnancy?    Y  N

Referral to behavioral health treatment?    Y  N

Has mother used recreational drugs during this pregnancy?    Y  N

Check all that apply: Marijuana    Y  N

Cocaine    Y  N

Heroin    Y  N

Amphetamines    Y  N

LSD    Y  N

Referral to behavioral health treatment?    Y  N

Does mother currently smoke?    Y  N

Does anyone in household currently smoke?    Y  N

Referral for tobacco cessation treatment?    Y  N

Please MAIL this form to: WeeCare Department  
Keystone Mercy Health Plan  
200 Stevens Drive  
Philadelphia, PA 19113

OR FAX this form to: 1-866-405-7946

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