CASE MANAGEMENT
MATERNITY REGISTRATION FORM

Have you ever had or do you currently have any of the following? (Mark all that apply)

Current	Past		Current	Past	
☐	☐	Delivery of small baby (less than 5 lbs)	☐	☐	Short cervix or cerclage
☐	☐	Delivery of large baby (more than 9 lbs)	☐	☐	Preterm labor
☐	☐	Gestational diabetes	☐	☐	Vaginal bleeding
☐	☐	High blood pressure/preeclampsia/toxemia	☐	☐	Infection
☐	☐	Placenta previa (low lying placenta)	☐	☐	Twins, triplets, or more
☐	☐	Nausea/vomiting with weight loss			
☐	☐	Bed Rest If so, why? _____ How long? _____			

If you marked any of the above, please explain on the bottom of this page*

Do you smoke cigarettes? Yes No If yes, how many per day? _____
Drink alcohol? Yes No If yes, how many per day, week or month? _____
Have you stopped smoking and/or drinking since becoming pregnant? _____

Current medications, supplements or vitamins you take regularly: (please list dose and frequency)
_____

_____

Do you have any medication allergies? Yes No If yes, please list_____
_____

Do you have a Living Will? Yes No
Do you have a Durable Power of Attorney for Health Care? Yes No
If yes, name_____ Phone Number_____
Do you have any physical limitations or require assistance with daily activities? Yes No
If yes, please explain: _____

What type of diet are you on (regular, diabetic, low sodium etc…)?
_____

Who is your primary support person if you become ill or are unable to care for yourself?
_____

** Additional Notes (Attach additional paper if needed):
_____
_____
_____

Banner Plan Administration Service Center (480)684-7070 or 1(800)827-2464
Prenatal Classes (602)230-CARE (2273)
Absent8 1(888)227-3688 For STD, LTD and FMLA

Please take a few minutes to fill out this form and return it to the Banner Plan Administration in the self addressed stamped envelope provided or via secure fax at (480)684-6964.