



CDPHP High Risk Pregnancy Case Management Referral Form

Fax to (518) 641-3207 OR call in referral (518) 641-3466

Member Name Member ID Number Member Phone Number Member Date of Birth	
Diagnosis	Circle all that apply: Hyperemesis Pre-term labor Gestational Diabetes Hypertension Pre-eclampsia Multiple Gestation Social Needs Other _____
Pregnancy History	Gravida _____ Para _____ EDC _____ Current Gestational Age in weeks _____
Obstetrician Perinatologist	
Delivery Hospital	
Special Considerations	
Referring Office Contact Name and Phone Number	