Health Plan of San Joaquin
Mountain Valley Health Plan
7751 S. Manthey Rd | French Camp, CA 95231
1-888-936-PLAN (7526) TTY 711
www.hpsj-mvhp.org

Me & My Baby Program

Provider Notification/Referral Form

Please fax form to: **209.762.4720** | Referral Line: 209.942.6356

Date: _____

***Member's Name:** _____ DOB: _____

HPSJ/MVHP ID: _____ ***Primary Phone:** _____

Preferred Language: _____

***Estimated Due Date:** _____ ***Estimated Gestational Age:** _____

***Select at least one of the following:**

- ☐ Pregnancy Notification Only (Non-High Risk)
- ☐ High Risk Pregnancy ☐ History of:
- ☐ Pre-term delivery
- ☐ Miscarriage
- ☐ Stillborn
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Multiple Gestation
- ☐ Mental Health (including history of depression and/or Anxiety)
- ☐ Social Determinants of Health
- ☐ Substance Abuse
- ☐ Smoker
- ☐ Medical condition complication pregnancy:

  _____

- ☐ Prenatal Resource Information
  - ☐ Educational Materials
  - ☐ Resource List
  - ☐ Prenatal Classes
- ☐ Other:_____

Referring Provider's Name: _____

***Name of Referring Person:** _____

Address: _____

City: _____ State: _____ Zip: _____

***Phone:** _____ Office Contact: _____