

# iEXCHANGE® Request Questionnaire for OB Globals

Please note, the questions in **bold** must be answered in order for the request to process correctly.

## Member Information

Member ID 1234567-12  
Member Name Doe, Jane  
Gender F  
Date of Birth 01/01/1000

1. Was the treatment start date within seven\* business days of the request date?

- Yes
- No

\*If no, the authorization request must be faxed to the Mommy & Me department at (502) 585-7970.

2. **What was the treatment start date?**

3. **Pregnancy Risk Level:**

- Routine
- High Risk

4. **Estimated Date of Confinement (EDC):**

Note: Please provide member's actual EDC (due date). Do not add 2 months as requested on page 3.

5. Location of Ultrasound:

6. Presumptive Eligibility (P/E) Dates if Applicable:

7. **Pre-existing Medical Conditions** (select all the apply or none):

- Diabetes Diet RX
- Diabetes Insulin RX
- Renal Disease
- Thyroid or other endocrine disorder
- Heart Disease, Class II or greater
- Pulmonary Disease (asthma, other)
- Myasthenia Gravis (MS or other neuro)
- Seizure Disorder
- Idiopathic Thrombocytopenia (ITP)
- Sickle Cell
- Thalassemia Major
- Chronic Hypertension
- Chronic Inflammatory Bowel Disease
- Deep Vein Thrombosis
- HIV+/AIDS
- Other autoimmune disease (lupus, etc)
- Cancer, gynecologic
- Cancer, non-gynecologic
- Drug/Alcohol dependence
- Chromosomal or genetic disorder
- In-utero DES exposure
- Periodontal disease
- None

8. **Obstetrical/Complication in Current Pregnancy** (select all that apply or none):

- Pre-term labor or delivery 35 weeks or less
- Incompetent Cervix
- Recurrent Spontaneous Ab (2 or more)
- Uterine Abnormalities
- IUGR
- Poly/Oligohydramnios
- PIH
- Gestational Diabetes insulin/diabet RX
- Abruptio Placenta
- Placenta Previa
- Hypermesis Gravidarum
- Maternal weight gain greater than 15 or less than 30 pounds at 36 weeks
- Hemorrhage (postpartum, other)
- PROM
- Post-term 42 weeks
- History of Herpes Progenitalis
- Active Herpes Progenitalis
- Positive Serologic test for Syphilis
- Fetal Arrhythmia or Bradycardia
- Multifetal Pregnancy
- Fetal Death
- Isoimmunization
- Anomalous Fetus
- +Group Beta Strep
- None

9. **Obstetrical Complications in Prior Pregnancy** (select all that apply or none):

- Pre-term labor or delivery 35 weeks or less
- Incompetent Cervix
- Recurrent spontaneous Ab (2 or more)
- Uterine abnormalities
- UGR
- Poly/Oligohydramnios
- PIH
- Gestational Diabetes insulin or diet RX
- Abruptio Placenta
- Hypermesis Gravidarum
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- Multifetal pregnancy
- Fetal death
- Isoimmunization
- Anomalous Fetus
- +Group Beta Strep
- None

10. **Social Risk Factors:**

- Homeless
- Lack of transportation
- Lack of utilities
- Emotional, physical or sexual abuse
- Language barrier
- Smoking
- Mental health issues
- None

11. Additional Information Related to Pregnancy:

12. **Full contact address including apartment number, P.O. box number, or rural route number, city, state and zip code:**

13. **Primary telephone number including area code:**

14. Secondary telephone contact including area code: