



EmblemHealth® MQIP Obstetrical Needs Assessment Form (ONAF)

EmblemHealth works to improve health outcomes for our pregnant members and recognizes that timely identification of risk factors improves birth outcomes. Completing this form as early as possible can help us help your patients achieve a healthy pregnancy and birth. Please complete the form and send it by fax to **212-510-4970** or email to HFpregnancyprogram@emblemhealth.com.

*Indicates Required Field. Original form to remain in member's medical record.

Member Demographics		
Member ID*:	DOB*:	Member Cell Phone #*:
Last Name*:	First Name*:	

*Submission 1: 1 st Trimester Visit Information		
Estimated Date of Delivery*:	Date of 1st Prenatal Visit*:	Gestational weeks: (0-14 weeks)*:

*Submission 1: Clinical Information		
Date of Pap/HPV screening*:	Type*: <input type="checkbox"/> Pap smear <input type="checkbox"/> HPV screening	Results*:
Date of Chlamydia screening*:	Results*:	Date Flu Given* (if applicable)

*Submission 1: Prenatal Risk Assessment			
Date of Risk Assessment/Counseling/Education Provided*:			
Risk Factors identified during current/previous pregnancy*: Check yes/no if present / applies to member			
WIC Referral:	High Risk Pregnancy	Tobacco use	Tobacco Counseling Referral
Yes No	Yes No	Yes No	Yes No
Diabetes or Gestational Diabetes:	Previous Pre-Term Delivery:	Alcohol use:	Alcohol Counseling Referral:
Yes No	Yes No	Yes No	Yes No
Hypertension:	Previous Demise:	Illicit drug use:	Drug Counseling Referral:
Yes No	Yes No	Yes No	Yes No

Date of Depression Screening*:		Select 1 screening tool below, enter result in box.	
PHQ-2 Score: (0-6)	PHQ-9 Score: (0-27)	Edinburgh Depression Scale: (0-30)	Other:

If member has a positive depression screening, schedule follow up visit within 30 days: *Follow up Date:

*Submission 2: Postpartum Visit Information (7-84 days after delivery)			
Date of Delivery*:	Date of Postpartum Visit*:	Date Tdap Given*:	
<input type="checkbox"/> Review of Infant Care/Feeding Method*		Feeding Method*:	
Date of Depression Screening*:		Select 1 screening tool below, enter result in box.	
PHQ-2 Score: (0-6)	PHQ-9 Score: (0-27)	Edinburgh Depression Scale: (0-30)	Other:

If member has a positive depression screening, schedule follow up visit within 30 days: *Follow up Date:

Provider Information		
Print name of provider*	Provider NPI*	TIN*
Provider Signature*	Date*	
Phone:	Fax:	Email: