

Aetna Better Health® of Ohio
7400 West Campus Road, Ste 200
New Albany, OH 43054



OhioRISE, specialized behavioral health care from Aetna Better Health® of Ohio Pregnancy Notification

Please complete this form once you have been told by a doctor that you are pregnant.

You can email OhioRISECareCoordination@AETNA.com a copy of the form or use the enclosed pre-paid postage return envelope to return the form. If you have questions about your benefits or would like to speak to a care coordinator, please call the Member Services phone number **1-833-711-0773 (TTY: 711)** from 7 a.m. to 8 p.m. Monday through Friday.

Demographics

Name:	Date of Birth:	
Address (Physical Address: Street, Apt #, State, Zip):		
Home Phone:	Cell Phone:	Email:

Pregnancy Information

Have you seen your OB/GYN? Yes No

If yes, the OB/GYN you are seeing is:

- OB/GYN Name:
- OB/GYN Telephone/Address:

Date you became pregnant OR your last missed period:

Became Pregnant: Last Missed Period:

What is your due date? How far along are you?

First Trimester (1-12 wks.) Second Trimester (13-26 wks.)

Third Trimester (27-40 wks.) I do not know

Do you need help signing up for WIC? (nutrition program for pregnant, breastfeeding women and families):

Yes No Already signed up No, not interested at this time

Would like more information

Do you plan to breastfeed your baby? Yes No

Do you need to learn more about breastfeeding? Yes No

Resource Needs

Have transportation issues kept you from medical appointments or getting medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been worried about running out of food before there was money to buy more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the gas, electric or water company threatened to shut off services in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel physically and emotionally safe where you currently live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you see or talk to people you care about and feel close to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have problems getting childcare so you can go to work/appointments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel tense, stressed, nervous, anxious or cannot sleep because you worry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need help finding a job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel stressed about caring for another family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered “yes” to any of the resource needs questions above, please call the Member Services phone number **1-833-711-0773 (TTY: 711)** from 7 a.m. to 8 p.m. Monday through Friday and ask to speak to a care coordinator. They will be able to help you find the resources you need in your community.