Care Management for High-Risk Pregnancies Referral

The Care Management for High-Risk Pregnancies (CMHRP) Program is available to pregnant and postpartum individuals who have or may qualify for Medicaid. Examples of potential social and/or medical factors that qualify an individual for CMHRP services are below; however, this is not an exhaustive list. Please refer individuals who may benefit from receiving CMHRP services, and eligibility will be determined once the referral is received. CMHRP services strive to increase positive birth outcomes across the state.

Working together to improve the health of mothers and babies in North Carolina.

Patient Notification
☐ Patient is aware of this referral and has given permission for this information to be shared with the Care Management for High-Risk Pregnancies (CMHRP) Program.
☐ I am the making this referral for myself to the Care Management for High-Risk Pregnancies (CMHRP) Program.

Potential Qualifying Social and/or Medical Factors		
☐ History of preterm birth (less than 37 completed weeks)	☐ History of low birth weight (less than 2500 grams/5 lbs. 8 oz)	☐ Lack of transportation for medical appointments
☐ Chronic medical and/or behavioral health conditions which may complicate pregnancy	☐ Current substance/alcohol use (or use in the month prior to pregnancy)	☐ Unsafe living environment (Intimate Partner Violence/abuse /unstable housing/ homelessness)
☐ Fetal complications	☐ Current tobacco use	☐ Poor nutrition or lack of food

Patient Information					
Patient Name:		**Date of Birth:**		**Due Date:**	
Address (include City & Zip Code):					
County:					
Home Phone:		**Cell phone:**		**Work/Alternate phone:**	
Insurance type:	☐ **Medicaid** **Medicaid ID #:**				
	☐ **None**			☐ **Private**	
Name of Prepaid Health plan PHP (*if known*):					
Referral Reason:					
Referral Agency			**Phone Number:**		
Contact Name			**Date:**		

Please submit this form to your local CMHRP agency, which is the county health department in most locations.