

Complete this form to refer a Blue Cross and Blue Shield of Louisiana member to Population Health for high-risk maternity care management. Please complete and save a separate form for each member referral.

**REFERRING PROVIDER INFORMATION**

Provider Name		
Provider Specialty	Date of Referral	Contact Name
Email Address	Phone Number	Fax Number

**PATIENT INFORMATION**

Patient Name		Member ID Number
Date of Birth	Phone Number	Email Address

**CLINICAL INFORMATION**

Estimated Date of Delivery		Date of First Prenatal Visit
Gravida Number	Para Number	Previous Cesarean <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Pertinent Clinical Diagnosis Codes/Descriptions

**REFERRAL REASON**

Please check all that pertain to the member:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Chronic Diabetes             | <input type="checkbox"/> History of Incompetent Cervix        | <input type="checkbox"/> Pregnancy Induced Hypertension |
| <input type="checkbox"/> Chronic Hypertension         | <input type="checkbox"/> History of Intrauterine Fetal Demise | <input type="checkbox"/> Prior Postpartum Depression    |
| <input type="checkbox"/> Elevated BMI $\geq 30$       | <input type="checkbox"/> History of Preeclampsia              | <input type="checkbox"/> Substance Abuse and/or Alcohol |
| <input type="checkbox"/> Fetal Demise                 | <input type="checkbox"/> History of Preterm Labor             | <input type="checkbox"/> Tobacco or Vape Use            |
| <input type="checkbox"/> Gestational Diabetes         | <input type="checkbox"/> History of Spontaneous Abortion      | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> History of Anemia/Hemorrhage | <input type="checkbox"/> Mental Health Diagnosis              |   |

**SUBMISSION INFORMATION**

Online: Through iLinkBlue ( <a href="http://www.lablue.com/ilinkblue">www.lablue.com/ilinkblue</a> ), click "Document Upload," then "Population Health" in the drop-down menu.	Email: <a href="mailto:PopulationHealthSpecialist@lablue.com">PopulationHealthSpecialist@lablue.com</a>	Fax: 1-800-267-6548 Attn: Population Health
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If you have questions about this form or the high-risk maternity care management program, please call Population Health at 1-800-317-2299.