IEHP Maternal Health Referral Form

The IEHP Maternal Health Team supports pregnant and recently pregnant (up to two years after birth) Members to connect to services and supports they may need, including, case management, education, and care coordination.

Instructions:

1. Complete all sections of the form
2. Provide your direct contact information
3. Email completed referral form securely to **dgmmh@iehp.org**
4. Attach supporting documentation as needed

    Examples include:

    a. Clinical notes
    b. Edinburgh Postnatal Depression Screening Tool*
    c. ACOG Antepartum Record*

Member Information	
Member Name:	IEHP Member ID:
Member DOB:	Member Phone Number:
Member Address:	Alternate Phone Number:
Referring Provider Information	
Referring Provider:	Contact Number:
Reason for Referral: *(free text)*	
Member Could Benefit From: ☐ Care Management ☐ Care Coordination ☐ Education of Benefits and Resources ☐ Link to Maternal Health Resources	Is Member Aware of Referral? ☐ Yes ☐ No

Return completed form via Secure Email to **dgmmh@iehp.org** and attach all applicable documentation.

Please allow up to 5 business days for referral processing and response.

*Copies of these forms are available on ProviderServices.IEHP.org >Resources > Resources for Providers > Forms