

Drug Screening Result Notification

Please complete the following information upon receipt of **positive** prenatal drug screening on any of our members. This will assist Case Management in our efforts to outreach to these members and positively affect their outcomes. Please complete a new prenatal drug screen result notification for each screen that comes back positive, including multiple screenings throughout the prenatal course. Should you have any questions, please contact OB Case Management at 1-877-222-2759.

Upon completion of this form, please fax to 1-866-741-5650.

Member's Name: _____

Member ID: _____

DOB: _____

Current Member Phone #: _____

Current Member Address: _____

EDD: _____

Date of Drug Screening: _____

Results:

_____ THC
_____ Cocaine
_____ Methamphetamines
_____ Barbituates
_____ Benzodiazepines
_____ Methadone
_____ Other: _____

Was the member counseled on UDS result and perinatal risks associated with prenatal drug use?

_____ Yes _____ No

Are there any other issues that Case Management should be aware of in regards to this member and her pregnancy? _____

Date of Next appointment? _____

Date of Next Drug Screening? _____

Physician Name: _____

Physician Phone #: _____

Physician Fax #: _____

Office Contact: _____

The information contained in this form is privileged and confidential and is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If this communication has been received in error, the reader shall notify sender immediately and shall destroy all information received.

DCHP Provider Services 1-877-DCH-DOCS (324-3627)

Pre-authorization and Referrals – Health Services Dept.: 1-877-455-1053 (FAX 1-866-741-5650)
