



High-Risk Pregnancy Notification Form

Florida Department of Health in Miami-Dade County

Required Reporting Information (Per Florida Statute: 64D-3.042)

Fax: 305-470-5533 | Attn: Queen Holden

Newly Diagnosed: Yes No

Today's Date: _____

Facility Name: _____

Physician Name: _____

Office Chart ID/File #: _____

Gravida/Para: _____

Estimated Delivery Date: _____

Hospital Name (delivery location): _____

Medication Prescribed: Yes No

Date Medication Prescribed: _____

Referred to Infectious Disease
Specialist/Perinatologist: Yes No

Reporter (name of contact): _____

Reporter Telephone: _____

Instructions: Within two weeks of diagnosis, please place this form in the patient's office chart and send the confidential fax to the DOH-Miami-Dade HIV Perinatal Coordinator, Queen Holden. Do not include patient names. Medical record numbers are required. If you have questions, please contact the HIV Perinatal Coordinator by phone at 305-470-5672. This form does not eliminate reporting by submitting a complete Adult HIV/AIDS Confidential Case Report form to DOH-Miami-Dade HIV/AIDS Surveillance. If you need assistance with reporting, please contact the HIV/AIDS Surveillance Supervisor, Miguelina Cazeau, at 305-470-6988.

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