Topics:

- Creating New Pregnancy
- Documenting in OB Flowsheet
- Accessing OB Authorization SMART Form
- Completing OB Authorization SMART Form
- Saving OB Authorization SMART Form in Patient Documents
- Retrieving OB Authorization SMART Form to Fax
- Faxing OB Authorization SMART Form
- Verifying OB Authorization SMART Form was faxed successfully
Step 1: For your new OB patient, create an appointment using the New OB Visit Type and access the progress note as usual.

Step 2: Go to the OB Flowsheet for the patient and create a new pregnancy to start the OB visits for the patient.

Pregnancy List

<table>
<thead>
<tr>
<th>Preg Id</th>
<th>Status</th>
<th>First Name</th>
<th>M. Initial</th>
<th>Last Name</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No active pregnancy exists for this Patient. Please Create a new Pregnancy.

Create New Pregnancy
Step 3: Enter the information requested on Form A and the EDD tabs in the OB Flowsheet as usual.

Previous Pregnancies
(Enter only numbers in the fields below)
- Total Preg.
- Full Term
- Premature
- AB. Induced
- AB. Spontaneous
- Living

Initial EDD (Please enter date in mm/dd/yyyy format only)
- LMP
- Initial Exam
- Ultrasound
- Add'l Ultrasound

Initial EDD: 07/09/2018
Initials: [ ]
Make Final EDD
**Step 4:** Add a New Visit on the Flowsheet tab and enter patient vitals and other data. Complete other tabs on the OB Flowsheet as usual.

**Step 5:** Click the drop-down arrow next to the SMART Form (SF) box and highlight the Obstetrical Auth to open the Obstetrical Authorization & Initial Assessment form.
Step 6: The header portion of the form will pre-populate with the patient’s demographics data along with data entered on the various tabs of the OB Flowsheet. User will need to complete the Date for the following 4 fields:

- Date Completed/Updated
- Submission Date
- EDC Date (estimated date of conception)
- 1st Prenatal Visit

And indicate the patient’s preferred facility for delivery.
Step 7: Complete the following sections by checking the appropriate box. Check the N/A or the No box when this situation does not apply to this patient.

<table>
<thead>
<tr>
<th>Past OB Complications/Current Risk Factors Check all that apply (P=past pregnancy C=current pregnancy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-P Administration</td>
</tr>
<tr>
<td>□ P</td>
</tr>
<tr>
<td>□ C</td>
</tr>
<tr>
<td>□ N/A</td>
</tr>
<tr>
<td>Abnormal Placenta</td>
</tr>
<tr>
<td>□ C</td>
</tr>
<tr>
<td>□ N/A</td>
</tr>
<tr>
<td>Anemia Hb &lt; 10</td>
</tr>
<tr>
<td>□ C</td>
</tr>
<tr>
<td>□ N/A</td>
</tr>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>□ C</td>
</tr>
<tr>
<td>□ N/A</td>
</tr>
</tbody>
</table>
Step 8: Click the SAVE button at the bottom of the form to save the OB Authorization and Initial Assessment form into today's progress note for the patient. The form will display in the Social History section of the progress note. The form is also saved in patient documents.

Step 9: Faxing the Form: Locate the form in patient documents and select it. Then click the Fax button.
Step 10: Find the organization to where the form is to be faxed. (Note: Organizations should be set up as a Referring Provider in the system for easy retrieval and to auto-populate the organization’s fax number along with other fields in the Fax To section.)

Fax Preview

From
Name: Provider:
Voice #: Company:
Fax: Facility:

To
Name: FielPhysic: Browse
To Fax: CC Fax: Subject: Company:
Custom Forms

Providers
Provider Types: Referring Providers: My Favorites
Search provider: All Specialties

<table>
<thead>
<tr>
<th>Web</th>
<th>Provider Name</th>
<th>Specialty</th>
<th>Telephone</th>
<th>Fax</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AmeriHealth, Insurance</td>
<td></td>
<td>877-759-6830</td>
<td>800-603-5526</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HSCSN, Insurance</td>
<td></td>
<td>866-937-4549</td>
<td>202-721-7193</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trusted, Insurance</td>
<td></td>
<td>202-821-1096</td>
<td>202-821-1098</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fax Preview

To
Name: AmeriHealth, Insurance FielPhysic: Browse
To Fax: 888-603-5526
CC Fax: Subject: OB Authorization Form
Company: AmeriHealth, Insurance

DATE COMPLETED / UPDATED:
11/07/2017

Obstetrical Authorization & Initial Assessment
Step 11: Click the Send Fax button to send the OB Authorization and Initial Assessment form to the select organization.
Step 12: A copy of sent fax will be stored in the Patient’s Fax Logs as confirmation that it had been sent. To view the document, click the View button on the bottom of the screen.