

## Tips for Healthy Living

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+ How can we help you today?

TIPS FOR HEALTHY LIVING | STAY HEALTHY

### Welcome to Wellness Center!

Whether you're focused on staying fit, dealing with a specific ache, or facing a serious diagnosis, we're here to help you make informed decisions.

#### Health Net Wellness Webinar Series

Monthly presentation topics include tips for healthy behaviors, including exercise and nutrition, as well as advice on management of diabetes, cholesterol and blood pressure.



#### Nurse Advice Line

Have a medical concern and not sure what to do? Just call **Nurse Advice Line at 1-800-893-5597** for immediate and reliable health advice and information.

#### Start Accessing Your Wellness Resources

Decision Power gives you the tips, resources and information needed for living a healthy lifestyle. We're focused on your whole health, rather than one specific concern or disease. We work with you to identify potential health risks, as well as to prevent minor concerns from becoming big problems. Take your Health Risk Questionnaire (HRQ) today, if you haven't done so; and start receiving personalized tips for healthy living.

[Explore All Wellness Tools](#)

#### myStrength

Web and mobile tools to help you feel better and stay mentally strong.

[Discover myStrength](#)

#### Start Smart for Your Baby

A program for pregnant and new moms, designed to customize the support and care you need for a healthy pregnancy and baby.

[Get more information about Start Smart for Your Baby](#)

#### My Personal Health Record

Manage your health information in one centralized, private and secure location.

[View my Personal Health Record](#)

#### Quit Tobacco

With a customized plan, personal support from a Quit Coach® and tools to help you stay motivated, you can make it happen!

[Start Quitting Today](#)

#### Additional Resources

- Preventive Care Guidelines
- Fit Kids
- Antibiotic Awareness

#### Next Steps

- [Member Discounts](#)
- [Hospital Advisor](#)
- [State of California's Medical Group Report Card](#)
- [Treatment Cost Advisor](#)
- [Advance Directives](#)

#### Don't forget to take your HRQ!

Complete the Health Risk Questionnaire to start receiving your personalized health tips today. [Take the Quiz Now](#)

#### You've completed your HRQ!

My Score:  
Last Updated On:  
[Learn more](#)

#### Healthy Discounts

Our discount program rewards you just for being a Health Net member. [View All Discounts](#)



#### Forms and Brochures



Find enrollment forms and other helpful information that you can easily download or print from home.

[Go to Forms and Brochures](#)

#### ProviderSearch



Our all new ProviderSearch can help you find the best doctor or hospital facility for your needs in your area.

[Search by health plan or address](#)

#### Find a Pharmacy



Search our large network to find a pharmacy near you.

[Find a Pharmacy](#)

#### Need Help?



We're here to answer your questions.

[Contact Us](#)

## Start Smart for Your Baby

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### Start Smart for Your Baby.

We have a program for pregnant and new moms. It is called Start Smart for Your Baby.

The program is designed to customize the support and care you need for a healthy pregnancy and baby. It is already part of your benefits and it will not cost you a thing.

### Get Started

- Go to your doctor as soon as you think you are pregnant.
- Call us if you need help finding a doctor or visit our ProviderSearch tool to find a doctor near you.
- Let us know about your pregnancy. Fill out our pregnancy form so we can personalize the ways we can help you.
  - [Notification of Pregnancy form \(PDF\)](#)
  - [Notification of Pregnancy form – Spanish \(PDF\)](#)

#### Complete the Notification of Pregnancy form and either mail or Fax

**Mail form to:**

Attn: Case Management  
1740 Creekside Oaks Dr Ste 200  
Sacramento, CA 95833-9980

**FAX form to:** 1-855-556-7909

**Through this program, we provide the following:**

- Information about pregnancy and newborn care.
- Assistance finding community resources to help you get things you need during your pregnancy and after your baby is born, including things like food, cribs, housing and clothing.
- Breastfeeding support and resources.
- Professional medical staff who work with you and your doctor and nurses if you have a more difficult pregnancy.
- Resources if you are feeling down during or after your pregnancy.
- Methods to help you quit smoking, alcohol or drugs.

**Get the best care possible for you and your baby by filling out the Notice of Pregnancy Form.**

Join the thousands of members that have signed up for our Start Smart for Your Baby program. By letting us know you are pregnant, we can provide you and your baby with the best care possible. We want to help you both grow and stay healthy.

[Home](#)[Member](#)[Start Smart for Your Baby](#)



## Member Notification of Pregnancy

This form is confidential. If you have any problems or questions, please call California Health Net at 1-888-926-4988 (TTY/TTD: 711). This form is also available online at [www.healthnet.com](http://www.healthnet.com) (Group Members); [www.myhealthnetca.com](http://www.myhealthnetca.com) (Individual & Family Plan Members).

**\*Required Field**

**\*Are You Pregnant?**  Yes  No \* if you are pregnant, please continue to answer all the questions.

We may call you if we find that you are at risk for problems with your pregnancy.

**\*Member ID #:**  Today's Date MMDDYYYY:

Your First Name:

Your Last Name:

**\*Your Birth Date MMDDYYYY:**

Mailing Address:

City:  State:  Zip Code:

Home Phone:  Cell Phone:

Would you like to receive text messages about pregnancy and newborn care?  Yes  No

If you do not have an unlimited texting plan, message and data rates may apply. Text STOP to unsubscribe. Please note, texting is not secure and may be seen by others.

Email Address:

**\*Your OB Provider's Name:**

**\*Your Due Date MMDDYYYY:**

Primary insurance (for mom or baby) other than Health Net?  Yes  No

Race/Ethnicity (select all that apply):  White  Black/African American  Hispanic/Latina

American Indian/Native American  Asian  Hawaiian/Pacific Islander

Other If other ethnicity, please specify:

Preferred Language (if other than English):

Planning to breastfeed?  Yes  No If no, what is the reason?

Pediatrician chosen?  Yes  No Pediatrician Name:

Number of Full Term Deliveries:  Number of Miscarriages:

Number of Preterm Deliveries:  Number of Stillbirths:

Height (Feet, Inches):  Pre-Pregnancy Weight:

**\*Do you have any of the following?**  Yes  No if yes, mark all that apply.

**Your Medical History**

Previous preterm delivery (<37 weeks or a delivery more than three weeks early)?  Yes  No

Recent delivery within past 12 months?  Yes  No Was delivery within past 6 months?  Yes  No

Previous C-Section?  Yes  No Diabetes (Prior to Pregnancy)?  Yes  No





## Aviso de Embarazo

Este formulario es confidencial.

Si tiene problemas o preguntas, por favor llame al 1-888-926-4988 (TDD/TTY: 711). Este formulario también está disponible en línea en [www.healthnet.com](http://www.healthnet.com), (afiliados a Planes de Grupo) o en [www.myhealthnetca.com](http://www.myhealthnetca.com) (afiliados a Planes Individuales y Familiares)

\*Campo Obligatorio

¿Está embarazada?  Sí  No \*Si está embarazada, por favor continúe y conteste todas las preguntas.

Podríamos llamarla si determinamos que usted está en riesgo de tener problemas con su embarazo.

### \*Identificación del miembro:

Su nombre:

Su apellido:

\*Su fecha de nacimiento MMDDAAAA:

Fecha de hoy MMDDAAAA:

Dirección Postal:

Ciudad:

Estado:

Código Postal:

Teléfono del hogar:

Teléfono celular:

¿Desea recibir mensajes de texto sobre el embarazo y el cuidado del recién nacido?  Sí  No

Si no tiene un plan de texto ilimitado, podrían aplicarse tarifas de mensajes y datos. Para dejar de recibir mensajes envíe un mensaje de texto con la palabra STOP. Se hace notar que enviar mensajes de texto no es seguro y otros pueden verlos.

Dirección de correo electrónico:

\*Nombre de su proveedor de obstetricia:

\*Fecha programada de su parto:

¿Tiene seguro primario (para mamá y bebé) aparte de Health Net?  Sí  No

Raza/Etnicidad (seleccione todas las que correspondan):  Caucásica, no hispana/latina  Negra/Afroamericana

Hispana/Latina  Indígena americana /Nativa americana  Asiática  Hawaiana/de las islas del Pacífico

Otra etnicidad Si su etnicidad es otra, por favor especifique:

Idioma preferido (si no es el inglés):

¿Planea amamantar?  Sí  No Si contesta no, ¿por qué razón?

¿Ya escogió al pediatra?  Sí  No Nombre del pediatra:

Cantidad de partos a término: Cantidad de abortos espontáneos/abortos:

Cantidad de partos prematuros: Cantidad de bebés nacidos muertos:

Altura: Peso anterior al embarazo (redondeéelo al número entero más cercano):

\*¿Tiene antecedentes de cualquiera de los siguientes?  Sí  No Si su respuesta es sí, marque todo lo que aplique.

### Su Historial Medico

¿Parto prematuro previo (<37 semanas o un parto más de tres semanas antes de la fecha programada)?  Sí  No

¿Ha dado a luz en los últimos 12 meses?  Sí  No ¿Dio a luz en los últimos 6 meses?  Sí  No

¿Cesárea anteriormente?  Sí  No ¿Diabetes (antes del embarazo)?  Sí  No

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