

Risk_____

EDC:_____

Delivery Date:_____

Mom's Name:_____

Address:_____ DOB:_____

Phone #:_____ Enrolled:_____

Medicaid #:_____ Doctor:_____

Risk Factors:_____

Under 17 Domestic Violence Smoking Drugs Alcohol MI

Diabetes/Gest Diabetes Pre. Preterm Birth <37 wks No Medicaid @ Enroll.

CB Classes: Y N

Enrollment: Date Completed:_____

2nd Encounter: Date Due_____ Attempts_____

Date Completed:_____

Pre-Delivery: Date Due_____ Attempts_____

Date Completed_____

Hospital Encounter: Date Completed_____ Attempts_____

Postpartum: Date Due_____ Attempts_____

Date Completed_____

Postpartum Appointment_____ Need f/u after appt for BF Smoking

Service Report: Date Due_____ Date Completed:_____