

2ND ENCOUNTER FORM (LOW RISK) 26-30 WEEKS GESTATION

Name: _____

Medical Record Reviewed: _____ Medical Risk Identified: _____

EDC: _____ Weeks Gestation: _____

Healthy lifestyles encouraged: _____

Dangers of tobacco, alcohol, drugs discussed: _____

Dangers of second hand smoke discussed: _____

Breastfeeding encouraged: _____

Domestic violence reassessed: _____ Referral: _____

Safe Sleeping Methods discussed _____ Designated sleeping space for newborn _____

Shaken Baby Syndrome discussed: _____

Need to contact Medicaid worker following delivery/applying at birth discussed: _____

Pediatric provider chosen: _____ Patient 1st newborn assignment form discussed: _____

Home preparation, assistance with newborn/mother following delivery discussed: _____

Need for car seat/ car seat safety discussed: _____

Delivering hospital chosen: _____ Hospital preadmission discussed: _____

Transportation to hospital provided by: _____

Signs of labor discussed: _____

Prenatal danger signs/medical care in emergency discussed: _____

Hospital encounter post delivery discussed: _____ Need for postpartum care discussed: _____

Planning Future Preg./Birth Spacing discussed: _____ Import. of folic acid _____

Birth control method chosen: _____ Family Planning/Plan 1st Services Available: _____

Importance of prenatal care discussed: _____ Next prenatal appointment: _____

Registered for Childbirth Classes: _____

Contact Info. Updated: _____ GOL notified of changes: _____

Psychosocial assessment and service plan updated: _____

Risk Status Update: _____

CC Name: _____ Date: _____