



## 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 1<sup>st</sup> 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 1<sup>st</sup> 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: \_\_\_\_\_