

Prenatal Exam Form



	is enrolled in the Starfish Bi	rth to Five or DE	HS Early Head Start Hor	me Visiting
Program.				
Following the exam, please complete	e this form and return to the pa	tient.		
Date of Visit:	Due Date:			
Physical exam results:				
BP/ Weight:	Hemoglobin:	Tdap	Rh	
This exam was within normal limits	Yes No, explain			
Is this a high risk pregnancy?	lo Yes, explain			
Anticipated Needs: (Please check th	ose that apply and provide add	ditional commer	its, as needed)	
☐ Nutrition Follow-up				
☐ Dental Follow-up	,			
$\hfill\square$ Mental Health Intervention				
☐ Prenatal Education				
☐ Substance Abuse Intervention	n			
☐ Breastfeeding				
Please, list any <u>risks</u> or <u>concerns</u> tha				
Referrals:				
Date of next prenatal visit:/_				
Health Care Provider (HCP)	Date	Address		
Print Name (HCP)		Phone		
Head Start Use Only:				
Date & initials received	Entered in Child Plus	Atta	achment in ChildPlus 🗌	2020