

Date:

Phone:

NMCAA EARLY HEAD START PROGRAM Prenatal Exam Form

Dear Health Care Provider:	
	is enrolled in the NMCAA Head Start Program. Following the exam, please
complete this form and return to the patient or fax to:	
Staff Na	ame: Fax:
Date of Exam:	
This ex	am was within normal limits: Yes No
	Early Head Start Staff are available to assist and support this family.
Patient Questions for the Care Provider:	
Please Complete The Following Section:	
Anticip	ated Needs: (Please check those that apply and provide additional comments as needed)
o Pr	renatal Education:
0 N	utrition Follow-Up :
0 D	ental Follow-Up:
o M	Iental Health Intervention:
o M	1edication/Vitamins:
o 0	ther:
Please list any <u>risks</u> or concerns that we can help with in serving this pregnant woman:	
Date of Next Exam:	
Health Care Provider Signature:	
Address:	

Northwest Michigan Community Action Agency Early Head Start Program

Serves Pregnant Women and Families with Children Birth to Age Three

Early Head Start is a home visiting program designed to provide support, resources, education, and guidance to expectant families to prepare for their infant's birth and to assist families to provide loving, responsive, and nurturing experiences for their infant/toddler.

In Early Head Start expectant families receive:

- Home visits from an Early Head Start Child Family Specialist.
- Healthy pregnancy information and social service support.
- Opportunities to attend playgroups with other young parents and expectant parents.
- Mental health services and referral.
- Dental health information and referral.
- Support and assistance to attend the hospital and community sponsored prenatal and expectant parent education offerings.
- Support and assistance to complete her prenatal health care visits.
- Support and assistance to use WIC, MSS, and other community based on pre and post-natal services.

Early Head Start would like to be your partner in providing comprehensive prenatal services to the pregnant women in your care who are enrolled in the NMCAA-Early Head Start. The Prenatal Exam form on the reverse side of this paper will provide the prenatal health information needed for the Early Head Start Child Family Specialist to assist the expectant family to prepare for a healthy birth and early parenting experiences. Please take the time to complete this form and return it to the patient or mail/fax it to the EHS Child Family Specialist ad indicated.