**OB Patient Post-Hospital Choices Acknowledgement**

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delivery Type: \_\_\_\_\_\_\_\_\_\_\_\_\_ Sex of Infant: \_\_\_\_\_\_\_\_

Infant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Delivery Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us your preferred post-hospital choice.  Staff will work with you to provide needed information to the health department in your county, so these services can be provided.

\_\_\_\_\_\_\_I am interested in the following services upon discharge from the hospital.

WIC Program      Yes    No

Healthy Start Home Visit                                Yes    No

Parents as Teachers Yes    No

Early Head Start (birth – 3 yrs old)                   Yes    No

\_\_\_\_\_\_\_I give permission to [Hospital Name] to release the above information to the [County Name] County Health Department and I understand that all information will be kept confidential.

\_\_\_\_\_\_\_I would **not** like to have my information or my baby’s information provided to the Health Department.

I understand that staff with the facility listed above will be calling me to schedule this visit.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent’s Signature Date/Time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Date/Time

**\*Please fax to the [County Name] County Health Department: [Fax Number]**