PRENATAL HEALTH SCREENING PROGRESS SHEET

Prenatal Mom Name: _____ Area # _____ Staff _____

List Health Need Dr. Visit Dental Ex or TX WIC	Contact date	ACTIVITY Briefly list activity on status of Dr. and/or dental visits. Include appointment dates and education and support given (list handouts given to support going)	Date To C.O.

Mail to Health Coordinator when Progress Sheets are requested & email after birth of baby & keep original in file H 5/22