1st VISIT REVIEW

VERBAL INFORMED CONSENT
Education/experience
Legal status
The "What Ifs"/risk and benefits
Current support for homebirth
Reason for homebirth
Educational handout/card
Mileage form
MEDICAL REFERRAL PLAN
Backup plan
Pre-register
Hospital
Emergency phone list
Emergency phone has
NEWBORN
Exam within the first 2 weeks
Infant Health Screen
Back to Sleep
Hearing test
Birth Certificate form
HEALTH HISTORY
Overall/information sheet
OB/information sheet
Lab work
Nutrition
Weight gain
Vitamins/herbs
Energy level/morning sickness
Exercise
House pets
Library
Want childbirth classes
want emidentii elasses
FINANCIAL
Sliding fee scale
Prenatal visits/home visits
Insurance card copied
PRENATAL