

Patient Identification

CLIENT ORIENTATION

You have the right to:

- Be treated with respect.
- Have your confidentiality maintained.
- Have your questions answered.
- Receive information about how to have a health pregnancy.
- Review your medical records with your medical provider and his staff.
- Consent to or refuse treatment.
- Participate in making plans or decisions about your care during your pregnancy, labor and delivery.

You have the responsibility to:

- Be honest about your medical history and life style, which may affect your unborn baby's health.
- Be sure you ask questions until you understand.
- Keep your appointments. Reschedule your appointment if necessary.
- Follow health advice and instructions to the best of your ability.
- Assist your medical and his staff in their goal of providing the best possible care for you and your baby.

Client Orientation:

- | | |
|---|--|
| <input type="radio"/> Explanation of prenatal services | <input type="radio"/> Routine prenatal tests |
| <input type="radio"/> Explanation of CPSP | <input type="radio"/> AFP |
| <input type="radio"/> Rights and Responsibilities | <input type="radio"/> Prenatal Classes |
| <input type="radio"/> Warning Signs | <input type="radio"/> WIC |
| <input type="radio"/> Emergency care | <input type="radio"/> Consent to release information |
| <input type="radio"/> Prenatal Information Packet Given | <input type="radio"/> Mandated reporting |
- Preterm Labor Education (If appropriate for medical history, gestation &/or complaints)

I, _____, received an explanation of the topics listed above. I understand that the Comprehensive Perinatal Services Program offered by **insert provider's name** includes education about prenatal health, nutrition, childbirth preparation, infant care and care for myself after the baby is born. I will also receive referrals and guidance for any social needs that I may have. I also understand that random urine and blood testing may be performed to assist in providing appropriate care during my pregnancy.

- I want to participate in the Comprehensive Perinatal Services Program.
- I do not want to participate in the Comprehensive Perinatal Services Program at this time. I understand that I may request these services at anytime during my pregnancy.

Patient's Signature

Date

CPSP Signature

Title

Date

Time in minutes