CPSP CLIENT ORIENTATION CHECKLIST

Provider: _____

Patient: _____ DOB: _____ EDD: _____

Date	Client Orientation Topics Discussed	Handout(s) Reviewed & Given
_____	Perinatal services to be provided, including CPSP	☐ Handout: STT HE - Welcome to Pregnancy Care ☐ Other:
_____	Who will provide services	☐ Handout: STT HE - Welcome to Pregnancy Care ☐ Other:
_____	Where services will be provided	☐ Handout: STT HE - Welcome to Pregnancy Care ☐ Other:
_____	Danger signs of pregnancy & what to do	☐ Handout: STT HE - Welcome to Pregnancy Care ☐ Handout: STT HE - If Your Labor Starts Too Early ☐ Other:
_____	Client rights and responsibilities	☐ Handout: STT HE - Welcome to Pregnancy Care ☐ Other:

I have read my rights and responsibilities as a patient. I will say something if I have a problem or question. Yo entiendo lo que leí sobre mis derechos y responsabilidades como paciente y diré algo si tengo problema o pregunta.

Client Signature/Firma:_____ Date/Fecha:_____

Date	Client Orientation Topics Discussed	Handout(s) Reviewed & Given
_____	Routine lab tests and procedures, including HIV	☐ Handout: STT HE - What You Should Know About HIV
_____	Group classes available (in clinic or community)	☐ Handout:
_____	Substances to avoid during pregnancy	☐ Handout: STT HE - Pregnant? Steps for a Healthy Baby ☐ Other:
_____	Genetic testing & risks	☐ Handout:
_____	Delivery site options & hospital tour schedule	☐ Handout:
_____	Financial responsibility	☐ Handout:
_____	Fetal kick counts (22-28 weeks)	☐ Handout: STT HE - Count Your Baby's Kicks ☐ Other:
_____	Other:	☐ Handout:
_____	Other:	☐ Handout:
_____	Other:	☐ Handout:

Date		Practitioner/CPHW Signature	Total Minutes
	Initial Orientation		
	Follow-Up Orientation		
	Follow-Up Orientation		
	Follow-Up Orientation		