Dear Healthcare Provider,

Please be advised that ________________________________, was screened for interconception health as part of a quality improvement project. About half of pregnancies are unintended and interconception care is important to addressing pre-term births, low birth weight and infant mortality.

Based on an initial screening, this patient may need follow up care in the following area(s):

**Depression/Anxiety**
- [ ] New patient appointment.
- [ ] Outreach to patient and/or screen at next appointment.
- [ ] Make referrals to a behavioral health specialist.

**Tobacco Use**
- [ ] New patient appointment.
- [ ] Outreach to patient and/or screen at next appointment.
- [ ] Make referrals to a certified tobacco treatment specialist.

**Multivitamin/Folic Acid**
- [ ] New patient appointment.
- [ ] Outreach to patient and/or screen at next appointment.
- [ ] Multivitamin sample provided (make note of brand and supply amount).

**Family Planning**
- [ ] New patient appointment.
- [ ] Outreach to patient and/or screen at next appointment.
- [ ] Make referrals to an OB/GYN, and/or specialist as appropriate.
- [ ] Refer for consult at local family planning center __________________________________________

Additional Notes: __________________________________________________________________________

Please ensure that the patient is scheduled for a new appointment or a follow-up appointment within 2 weeks of this screening note, if possible.

Date Mailed: _______________ Date Faxed: _______________