



Screening Note

Patient Name: _____

Patient Date of Birth (mm/dd/yyyy): _____ Patient Telephone: _____

Patient Address, City, State, Zip: _____

Name of Screening Office: _____

Address, City, State, Zip: _____

Telephone: _____ Fax: _____

Name of Physician: _____

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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 _____

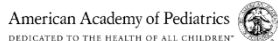
Additional Notes: _____

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: _____

Ohio Chapter

INCORPORATED IN OHIO



Department of Health