

CPSP CLIENT ORIENTATION CHECKLIST

Provider: _____

Patient: _____ DOB: _____ EDD: _____

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

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

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