



Parents as Teachers.

# Welcome Baby

Utah County Health Dept



Medicaid # \_\_\_\_\_

Date of Referral \_\_\_\_\_ Person making referral \_\_\_\_\_

Reply requested from referring party?  Yes  No Phone # \_\_\_\_\_

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\* Child's Name \_\_\_\_\_ M F DOB \_\_\_\_\_ Discharge Date \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Physician \_\_\_\_\_

Weeks Gestation \_\_\_\_\_ Birth Weight \_\_\_\_\_ Discharge Weight \_\_\_\_\_

Primary Language Spoken in Home \_\_\_\_\_ Are you on WIC? Yes No

Feeding \_\_\_\_\_ Equipment \_\_\_\_\_

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Special medical, nutritional or psycho-social concerns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any Follow Up Needed \_\_\_\_\_

\_\_\_\_\_

### Other Services Needed

- Smoking Cessation
- Medical Insurance
- Child Birth Classes
- Pregnancy Education
- Postpartum Depression Screening (Parent)
- Development Screening
- Home Visit
- Community Resources
- Asthma Education

