

Name of Promotora : _____ City _____
Date: _____

**PROJECT LEAD
PRENATAL CONTACT INFORMATION FORM**

(To be used only with women who are pregnant or who think they are pregnant)

All information that is collected is confidential and will not be shared with anyone without your consent.

1. Name: _____

2. Address: _____ City _____ Zip _____

3. Phone number: _____ Date of Birth: _____

4. Language spoken in home: _____ Do you speak English? Yes No

5. Did you have a pregnancy test? a.) at a County Clinic b) at home c.) no d) both

6. How many months pregnant? _____ Due date: _____

7. Is this your first pregnancy? Yes ___ No ___

8. Do you now have a doctor you are seeing for this pregnancy? Yes No

(If yes go to Question 9.) (If no skip to Question 12.)

9. Name of doctor: _____ or Name of clinic _____

10. When did you start seeing the doctor? _____ (Number of months pregnant when she first saw doctor _____)

11. If you have already seen a doctor for this pregnancy was your experience:

Positive _____ Negative _____

If positive experience tell us why: _____

If negative experience tell us why: _____

12. Do you have health insurance? Yes No

13. Reasons for not seeing a doctor (Check answers woman gives)

- Unsure where to go for medical services
- Transportation issues (don't drive, don't have car, no money for bus, don't know how to use bus, too hard to take my children on bus, my husband won't let me take bus)
- Afraid because I don't have legal status
- Don't think it's important to see a doctor
- Afraid that if I seek care my future residency in this country might be affected
- Childcare issues (No one to watch my children, too difficult to take my children with me to doctor visits)
- Other: (Please describe: _____)

I am now going to share information with you about community programs, services and privileges that can help you during your pregnancy and could also help your family.

Do I have your permission to collect your information and share your name and phone number with staff of these services and programs? Yes No

Program Name	Know of Service Yes/No	Would like a referral to this service Yes/No	Date referral made
PREGNANCY TESTING			
WIC			
HEALTHY START			
PRENATAL CARE GUIDANCE			
FETAL INFANT MORTALITY			
CONTRA COSTA MENTAL HEALTH SERVICES			
CONTRA COSTA CLINICS/HOSPITAL Bay Point Clinic Pittsburg Clinic Brentwood Clinic Contra Costa Regional Medical Center Hospital			

EDUCATIONAL INFORMATION	Know about this Yes/No	Would like a referral or more information Yes/No	Date Referral made
How to apply for Health Insurance			
Public Charge			
County Clinic Appointment system			
Right to Interpretation Services with the County (Asking for an interpreter when you make an appointment.)			
How to get a bus voucher from the County clinic			

Thank you so much for your time.

FOLLOW UP CALL:

Made by: _____ Date: _____

Results on referrals made:

Woman has connected with the following program(s):

Woman has not yet connected with any of the referrals because:

Follow up appointment with be made for: _____
(Date)

