

Women's Health Branch

CLINIC ORDER FORM

Revised 9/3/19

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| Name | |
| Agency Phone Number | |
| Agency Name | |
| Agency Mailing Address City/Zip/State Courier No. | |
| Today's Date | |

Mail or Fax to:

NCDHHS Women's Health Branch
1929 Mail Service Center Raleigh, NC 27699-1929
Courier #56-23-01 Fax number: (919) 870-4827

Office Use Only - Shipped Date: _____

| Maternal Health Forms, Checklists, Instructions, Questionnaires & Definitions | Quantity | Office Use Only (Billing Code) |
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| NOTE: These forms are no longer available in the DPH warehouse. Download items from the Women's Health Branch web page: http://whb.ncpublichealth.com/provPart/forms.htm | | |
| Women's Health Clinic Appointment Cards (Revised 6/18) | Web Only | DHHS 1403 |
| Women's Health Clinic Appointment Cards (<i>Spanish</i>) (Rev. 6/18) | Web Only | DHHS 1403S |
| Maternal Health Physical Examination (Rev. 6/18) | Web Only | DHHS 3964 |
| Maternal Health Education (Rev. 8/19) | Web Only | DHHS 3966 |
| Maternal Flow (Rev. 5/19) | Web Only | DHHS 3967 |
| Continuation Maternal Flow (Rev. 5/19) | Web Only | DHHS 3968 |
| Maternal Health Laboratory Data (Rev. 8/19) | Web Only | DHHS 4010 |
| Maternal Health Risk Guide (Rev. 8/18) | Web Only | DHHS 4095 |
| Gestational Diabetes (GDM) Postpartum Testing Checklist (Rev. 5/19) | Web Only | DHHS 4115 |
| Lead and Pregnancy Risk Questionnaire (Rev. 6/18) | Web Only | DHHS 4116E |
| Lead and Pregnancy Risk Questionnaire (<i>Spanish</i>) (Rev. 6/18) | Web Only | DHHS 4116S |
| Home Visit for Postnatal Assessment and Follow Up Care (Rev. 6/19) | Web Only | DHHS 4151 |
| Home Visit for Postnatal Assessment and Follow Up Care Instructions (Rev. 5/19) | Web Only | DHHS 4152 |
| Maternal Health History, Part A (Rev. 9/18) | Web Only | DHHS 4154 |
| Historial De Salud Materna, Parte A (Rev. 9/18) | Web Only | DHHS 4154 |
| Maternal Health History, Part A Definitions (Rev. 9/18) | Web Only | DHHS 4155 |
| Historial De Salud Materna, Parte A Definiciones (Rev. 9/18) | Web Only | DHHS 4155 |
| Maternal Health History, Part B (Rev. 9/18) | Web Only | DHHS 4156 |
| Maternal Health History, Part B Definitions (Rev. 9/18) | Web Only | DHHS 4157 |
| Maternal Health History, Part C-1 (Initial Psychosocial Screening) - (Rev. 6/18) | Web Only | DHHS 4158 |
| Maternal Health History, Part C-1 (Initial Psychosocial Screening); Historia De Salud De La Madre Parte C-1 (Evaluación psicosocial inicial) – (Rev. 9/18) o Modified 5Ps (6/18); Spanish (6/18) o PHQ9 (7/18); Spanish (7/18) | Web Only | DHHS 4159 |
| Maternal Health History, Part C-2 Interval Psychosocial Screening - (Rev. 6/18) | Web Only | DHHS 4160 |
| Maternal Health History, Part D Nutrition Screening (Rev. 9/18) | Web Only | DHHS 4161 |
| Maternal Health History, Part D; Historia De Salud De La Madre Parte D Evaluación Inicial Sobre La Nutrición – (Rev. 9/18) | Web Only | DHHS 4162 |
| Family Planning Clinic Forms | | |
| NOTE: Most of these forms are no longer available in the DPH warehouse. Download forms from the Women's Health Branch web page: http://whb.ncpublichealth.com/provPart/forms.htm | Quantity 100/pad | Office Use Only (Billing Code) |
| Women's Health Clinic Appointment Cards (Revised 6/18) | Web Only | DHHS 1403 |
| Women's Health Clinic Appointment Cards (<i>Spanish</i>) (Rev. 6/18) | Web Only | DHHS 1403S |
| Family Planning and Reproductive Health Female Flow Sheet (Rev. 1/19) | Web Only | DHHS 2814F |
| Family Planning and Reproductive Health Male Flow Sheet (Rev. 1/19) | Web Only | DHHS 2814M |
| Natural Family Planning Chart (Revised 5/07) | | DHHS 3059 |

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| Natural Family Planning <u>Chart</u> (<i>Spanish</i>) (Rev. 10/04) | | DHHS 3059-Spanish |
| Family Planning Media Review Documentation (Rev. 2/19) | Web Only | DHHS 3491 |
| Female Reproductive Health History (Rev. 7/16) | Web Only | DHHS 4060F |
| Male Reproductive Health History (Rev. 9/15) | Web Only | DHHS 4060M |
| Pregnancy Testing <ul style="list-style-type: none"> • Preventing Chickenpox in Pregnant Women: English; Spanish For positive pregnancy results, the agency may use this handout or another handout the agency chooses to satisfy the requirement of "Varicella Handout Given/Reviewed" on the "Pregnancy Testing Form". | Web Only | DHHS 4140 |
| Family Planning Consent Forms | | |
| NOTE: These forms are no longer available in the DPH warehouse. Download forms from the Women's Health Branch web page: http://whb.ncpublichealth.com/provPart/forms.htm | | |
| Abstinence (Revised 8/16) | Web Only | DHHS 4101 |
| Abstinence (<i>Spanish</i>) (Rev. 8/16) | Web Only | DHHS 4101S |
| Barrier Contraceptives (Rev. 8/16) | Web Only | DHHS 4102 |
| Barrier Contraceptives (<i>Spanish</i>) (Rev. 8/16) | Web Only | DHHS 4102S |
| Copper IUD (Rev. 5/17) | Web Only | DHHS 4103 |
| Copper IUD (<i>Spanish</i>) (Rev. 5/17) | Web Only | DHHS 4103S |
| Depo Provera® (Rev. 8/16) | Web Only | DHHS 4104 |
| Depo Provera® (<i>Spanish</i>) (Rev. 8/16) | Web Only | DHHS 4104S |
| Estrogen Containing Contraceptives (Rev. 8/16) | Web Only | DHHS 4105 |
| Estrogen Containing Contraceptive (<i>Spanish</i>) (Rev. 8/16) | Web Only | DHHS 4105S |
| Fertility Awareness Method (Rev. 8/16) | Web Only | DHHS 4106 |
| Fertility Awareness Method (<i>Spanish</i>) (Rev. 8/16) | Web Only | DHHS 4106S |
| General Consent for Family Planning Services (Rev. 8/18) | Web Only | DHHS 4112 |
| General Consent for Family Planning Services (<i>Spanish</i>) (Rev. 9/18) | Web Only | DHHS 4112S |
| Levonorgestrel IUD (Rev. 5/17) | Web Only | DHHS 4108 |
| Levonorgestrel IUD (<i>Spanish</i>) (Rev. 5/17) | Web Only | DHHS 4108S |
| Nexplanon® (Rev. 8/16) | Web Only | DHHS 4107 |
| Nexplanon® (<i>Spanish</i>) (Rev. 8/16) | Web Only | DHHS 4107S |
| Progestin Only Oral Contraceptive (Mini-Pill) (Rev. 8/16) | Web Only | DHHS 4110 |
| Progestin Only Oral Contraceptive (Mini-Pill) (<i>Spanish</i>) (Rev. 8/16) | Web Only | DHHS 4110S |
| Request & Consent for Emergency Contraception Pills (Plan B®) (Rev. 10/17) | Web Only | DHHS 4109 |
| Request & Consent for Emergency Contraception Pills (Plan B®) (<i>Spanish</i>) (Rev. 10/17) | Web Only | DHHS 4109S |
| Spermicide (Rev. 8/16) | Web Only | DHHS 4111 |
| Spermicide (<i>Spanish</i>) (Rev. 8/16) | Web Only | DHHS 4111S |
| Sickle Cell Forms | Quantity 100/pad | Office Use Only (Billing Code) |
| Consent for Sickle Cell Test and Permission to Release Information to The NC Sickle Cell Syndrome Program (English) | | DHHS 2258 |
| Consent for Sickle Cell Test and Permission to Release Information to The NC Sickle Cell Syndrome Program (<i>Spanish</i>) | | DHHS 2258S-Spanish |
| Client Record – Personal Data Sheet | | DHHS 4023 |
| Client Record – Initial Health History | | DHHS 4024 |
| Health Care Provider Information | | DHHS 4025 |
| Client Visit Record | | DHHS 4026 |
| Anticipatory Guidance | | DHHS 4027 |
| Care Coordination Plan | | DHHS 4028 |
| Home Visit for Newborn Care and Assessment http://www2.ncdhhs.gov/dph/wch/lhd/cyforms.htm | Web Only | DHHS 3944 |