

**Women's Health Branch  
CLINIC ORDER FORM**

Revised 07/03/18

Name	
Agency Phone Number	
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**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: \_\_\_\_\_

<b>Maternal Health Forms, Checklists, Instructions, Questionnaires &amp; Definitions</b>	<b>Quantity</b>	<b>Office Use Only (Billing Code)</b>
<b><u>NOTE:</u> Some of these forms are no longer available in the DPH warehouse. Please download them from the Women's Health Branch web page: <a href="http://whb.ncpublichealth.com/provPart/forms.htm">http://whb.ncpublichealth.com/provPart/forms.htm</a></b>		
Gestational Diabetes (GDM) Postpartum Testing Checklist ( <b>Revised 1/16</b> )	<b>Web Only</b>	DHHS 4115
Home Visit for Postnatal Assessment and Follow Up Care (Rev. 6/17)	<b>Web Only</b>	DHHS 3943
Home Visit for Postnatal Assessment and Follow Up Care Instructions (Rev. 5/17)	<b>Web Only</b>	DHHS 3943
Lead and Pregnancy Risk Questionnaire (Rev. 6/18)	<b>Web Only</b>	DHHS 4116E
Lead and Pregnancy Risk Questionnaire (Spanish) (Rev. 6/18)	<b>Web Only</b>	DHHS 4116-Spanish
Maternal Flow (Rev. 5/17)	<b>Web Only</b>	DHHS 3967
Maternal Flow Continuation (Rev. 2/16)	<b>Web Only</b>	DHHS 3968
Maternal Health Education (Rev. 2/16)	<b>Web Only</b>	DHHS 3966
Maternal Health History — Part A (Rev. 5/17)	<b>Web Only</b>	DHHS 3963A
Maternal Health History — Part A Definitions (Rev. 6/17)	<b>Web Only</b>	DHHS 3963A_DEF
Maternal Health History — Part B (Rev. 6/17)	<b>Web Only</b>	DHHS 3963B
Maternal Health History — Part B Definitions (Rev. 11/15)	<b>Web Only</b>	DHHS 3963B_DEF
Maternal Health History - Part C-1 (Initial Psychosocial Screening) - (Rev. 6/17)	<b>Web Only</b>	DHHS 3963C-1
Maternal Health History - Part C-1 (Initial Psychosocial Screening); Historia De Salud De La Madre Parte C-1 Evaluación psicosocial inicial-S – (Rev. 6/17) o Modified 5 P's English 06/18; Spanish 06/18	<b>Web Only</b>	DHHS 3963C-1-Spanish
Maternal Health History — Part C-2 Interval Psychosocial Screening - (Rev. 5/17)	<b>Web Only</b>	DHHS 3963C-2
Maternal Health History Part D Nutrition Screening (Rev. 6/17)	<b>Web Only</b>	DHHS 3963D
Maternal Health History, Part D; Historia De Salud De La Madre Parte D Evaluación Inicial Sobre La Nutrición-S – (Rev. 7/17)	<b>Web Only</b>	DHHS 3963D-Spanish
Maternal Health Laboratory Data (Rev. 2/16)	<b>Web Only</b>	DHHS 4010
Maternal Health Risk Guide (Rev. 2/16)	<b>Web Only</b>	DHHS 4095
Maternal Health Physical Examination (Rev. 6/16)	<b>Web Only</b>	DHHS 3964
Women's Health Clinic Appointment Cards (Rev. 6/18)		DHHS 1403
Women's Health Clinic Appointment Cards ( <i>Spanish</i> ) (Rev. 6/18)		DHHS 1403-Spanish
<b>Family Planning Clinic Forms</b>		
<b><u>NOTE:</u> Some of these forms are no longer available in the DPH warehouse. Please download them from the Women's Health Branch web page <a href="http://whb.ncpublichealth.com/provPart/forms.htm">http://whb.ncpublichealth.com/provPart/forms.htm</a></b>	<b>Quantity 100/pad</b>	<b>Office Use Only (Billing Code)</b>
Women's Health Clinic Appointment Cards ( <b>Revised 6/18</b> )		DHHS 1403
Women's Health Clinic Appointment Cards ( <i>Spanish</i> ) (Rev. 6/18)		DHHS 1403-Spanish
Family Planning and Reproductive Health Female Flow Sheet (Rev. 8/16)	<b>Web Only</b>	DHHS 2814F
Family Planning and Reproductive Health Male Flow Sheet (Rev. 8/16)	<b>Web Only</b>	DHHS 2814M
Natural Family Planning <u>Chart</u> (Rev. 5/07)		DHHS 3059
<b>OVER</b>		

Natural Family Planning Chart <i>(Spanish)</i> (Revised 10/04)		DHHS 3059-Spanish
Family Planning Media Review Documentation (Rev. 10/11)	<b>Web Only</b>	DHHS 3491
Female Reproductive Health History (Rev. 7/16)	<b>Web Only</b>	DHHS 4060F
Male Reproductive Health History (Rev. 9/15)	<b>Web Only</b>	DHHS 4060M
Pregnancy Testing <ul style="list-style-type: none"> <li>• <b>Preventing Chickenpox in Pregnant Women:</b> <a href="#">English Version</a>; <a href="#">Spanish Version</a> 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".</li> </ul>	<b>Web Only</b>	DHHS 4140
<b>Family Planning Consent Forms</b>		
<b>NOTE: These forms are no longer available in the DPH warehouse. Please download them from the Women's Health Branch web page: <a href="http://whb.ncpublichealth.com/provPart/forms.htm">http://whb.ncpublichealth.com/provPart/forms.htm</a></b>		
Abstinence (Revised 8/16)	<b>Web Only</b>	DHHS 4101
Abstinence <i>(Spanish)</i> (Rev. 8/16)	<b>Web Only</b>	DHHS 4101S-Spanish
Barrier Contraceptives (Rev. 8/16)	<b>Web Only</b>	DHHS 4102
Barrier Contraceptives <i>(Spanish)</i> (Rev. 8/16)	<b>Web Only</b>	DHHS 4102S-Spanish
Copper IUD (Rev. 5/17)	<b>Web Only</b>	DHHS 4103
Copper IUD <i>(Spanish)</i> (Rev. 5/17)	<b>Web Only</b>	DHHS 4103S-Spanish
Depo Provera® (Rev. 8/16)	<b>Web Only</b>	DHHS 4104
Depo Provera® <i>(Spanish)</i> (Rev. 8/16)	<b>Web Only</b>	DHHS 4104S-Spanish
Estrogen Containing Contraceptives (Rev. 8/16)	<b>Web Only</b>	DHHS 4105
Estrogen Containing Contraceptive <i>(Spanish)</i> (Rev. 8/16)	<b>Web Only</b>	DHHS 4105S-Spanish
Fertility Awareness Method (Rev. 8/16)	<b>Web Only</b>	DHHS 4106
Fertility Awareness Method <i>(Spanish)</i> (Rev. 8/16)	<b>Web Only</b>	DHHS 4106S-Spanish
General Consent for Family Planning Services (Rev. 6/18)	<b>Web Only</b>	DHHS 4112
General Consent for Family Planning Services <i>(Spanish)</i> (Rev. 6/18)	<b>Web Only</b>	DHHS 4112S-Spanish
Levonorgestrel IUD (Rev. 5/17)	<b>Web Only</b>	DHHS 4108
Levonorgestrel IUD <i>(Spanish)</i> (Rev. 5/17)	<b>Web Only</b>	DHHS 4108S-Spanish
Nexplanon® (Rev. 8/16)	<b>Web Only</b>	DHHS 4107
Nexplanon® <i>(Spanish)</i> (Rev. 8/16)	<b>Web Only</b>	DHHS 4107S-Spanish
Progestin Only Oral Contraceptive (Mini-Pill) (Rev. 8/16)	<b>Web Only</b>	DHHS 4110
Progestin Only Oral Contraceptive (Mini-Pill) <i>(Spanish)</i> (Rev. 8/16)	<b>Web Only</b>	DHHS 4110S-Spanish
Request & Consent for Emergency Contraception Pills (Plan B®) (Rev. 10/17)	<b>Web Only</b>	DHHS 4109
Request & Consent for Emergency Contraception Pills (Plan B®) <i>(Spanish)</i> (Rev. 10/17)	<b>Web Only</b>	DHHS 4109S-Spanish
Spermicide (Rev. 8/16)	<b>Web Only</b>	DHHS 4111
Spermicide <i>(Spanish)</i> (Rev. 8/16)	<b>Web Only</b>	DHHS 4111S-Spanish
<b>Sickle Cell Forms</b>		
<b>NOTE: Some of these forms are no longer available in the DPH warehouse.</b>		
Consent for Sickle Cell Test and Permission to Release Information to The NC Sickle Cell Syndrome Program (English)	<b>Quantity 100/pad</b>	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 <a href="http://www2.ncdhhs.gov/dph/wch/lhd/cyforms.htm">http://www2.ncdhhs.gov/dph/wch/lhd/cyforms.htm</a>	<b>Web Only</b>	DHHS 3944