CLIENT ORIENTATION

You have the right to:
- Be treated with respect.
- Have your confidentiality maintained.
- Have your questions answered.
- Receive information about how to have a health pregnancy.
- Review your medical records with your medical provider and his staff.
- Consent to or refuse treatment.
- Participate in making plans or decisions about your care during your pregnancy, labor and delivery.

You have the responsibility to:
- Be honest about your medical history and lifestyle, which may affect your unborn baby’s health.
- Be sure you ask questions until you understand.
- Keep your appointments. Reschedule your appointment if necessary.
- Follow health advice and instructions to the best of your ability.
- Assist your medical and his staff in their goal of providing the best possible care for you and your baby.

Client Orientation:
- Explanation of prenatal services
- Explanation of CPSP
- Rights and Responsibilities
- Warning Signs
- Emergency care
- Prenatal Information Packet Given
- Preterm Labor Education (If appropriate for medical history, gestation &/or complaints)

I, ___________________________, received an explanation of the topics listed above. I understand that the Comprehensive Perinatal Services Program offered by insert provider’s name includes education about prenatal health, nutrition, childbirth preparation, infant care and care for myself after the baby is born. I will also receive referrals and guidance for any social needs that I may have. I also understand that random urine and blood testing may be performed to assist in providing appropriate care during my pregnancy.

☐ I want to participate in the Comprehensive Perinatal Services Program.

☐ I do not want to participate in the Comprehensive Perinatal Services Program at this time. I understand that I may request these services at anytime during my pregnancy.

__________________________________               ________________
Patient’s Signature                                                             Date

___________________________________              _______________        _____________
CPSP Signature                                     Title                  Date                       Time in minutes