

Best Beginnings for Wyoming Babies
85 Klondike Drive, PO Box 100, Buffalo, WY 82834
307-684-2564

Your Name: _____ Today's Date: _____
Mailing Address: _____ Home Phone: _____
Physical Address: _____ Work Phone: _____
City, State, Zip: _____ Physician: _____
Birth Date: _____ Due Date: _____

Where did you get this form?

Public Health Nurse Clinic Other _____

How many times have you ... Given birth? _____ Been pregnant (include this time)? _____

Any health problems related to this pregnancy?

- **Please leave this form with your provider.**
 - **You will be called about the options below. You may complete the form now or go over it with the nurse.**
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Which format do you prefer for prenatal classes? Group Session One-on-one

Check the classes below that interest you:

- Class 1** – Pregnancy topics, pain theories, pre-labor symptoms
 - Class 2** – Stages of labor, comfort measures, labor positions
 - Class 3** – Interventions, pain medications, Cesarean birth
 - Class 4** – Postpartum, newborns, breastfeeding
 - Class 5** – Infant CPR, hospital tour, car seat safety
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If you are interested in any of the following services, please check:

- | | |
|---|---|
| <input type="checkbox"/> Nutrition counseling | <input type="checkbox"/> Follow-up baby weight checks at the office |
| <input type="checkbox"/> Video & book lending library | <input type="checkbox"/> Family planning info on after-delivery choices |
| <input type="checkbox"/> Literature, brochures, information | <input type="checkbox"/> Financial assistance |
| <input type="checkbox"/> Home visit after delivery by registered nurse* | <input type="checkbox"/> Breast pumps |
| <input type="checkbox"/> Breastfeeding education** | <input type="checkbox"/> Sibling class |

***Includes a weight check of the newborn and is a great time to ask those questions that come up after you bring the baby home**

****And/or referral to support system for questions after delivery**

Listed below are some risks associated with pregnancy. Please check if any of these apply to you:

- | | |
|---|--|
| <input type="checkbox"/> Previous baby 5 ½ pounds or less | <input type="checkbox"/> Chronic illness (such as diabetes, hepatitis, asthma) |
| <input type="checkbox"/> Age under 19 or over 34 | <input type="checkbox"/> Previous early labor (before 37 weeks) |
| <input type="checkbox"/> Less than 16 months between pregnancies | <input type="checkbox"/> Alcohol use |
| <input type="checkbox"/> Single parent/father of child not involved | <input type="checkbox"/> Drug use |
| <input type="checkbox"/> Tobacco use/secondhand smoke exposure | <input type="checkbox"/> Bleeding or blood pressure problems in previous pregnancy |
| <input type="checkbox"/> Other problems _____ | <input type="checkbox"/> None of these apply but I'm interested in program information |
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For more information contact Johnson County Public Health at 684-2564