

# OB Registration Checklist

In order to expedite your registration, please use this checklist as a guide to ensure successful completion of all steps.

Please review the following patient education information before completing forms.

- ▶ \_\_ “The Women’s Health Center” Welcome Letter
- ▶ \_\_ Cystic Fibrosis patient education information at the following website  
[http://www.acog.org/publications/patient\\_education/bp171.cfm](http://www.acog.org/publications/patient_education/bp171.cfm)
- ▶ \_\_ Sequential Screening patient education video at the following website [www.ntqr.org](http://www.ntqr.org) and select patient education video located in upper right hand corner

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- ▶ **Download, print, complete and sign OB registration forms.**
- ▶ \_\_ Medical Record– Antepartum Prenatal Social Needs and Nutrition Assessment (form#1223)
- ▶ \_\_ Medical Record– Antepartum Patient Questionnaire (form#1222)
- ▶ \_\_ Medical Record– Consent form Cystic Fibrosis Carrier Test (form#1224)
- ▶ \_\_ Sequential Screen for Down Syndrome, Trisomy 18, and Open Neural Tube Defects (form#1429)
- ▶ \_\_ New Parent Support Program Registration form
- ▶ \_\_ Privacy Act Statement–Health Care Records (formDD2005)
- ▶ \_\_ Acknowledgement of Receipt of Winn ACH Notice of Privacy Practice (form1424)
- ▶ \_\_ Register for the “Weekly Parent Review” and print form; click on link at this same website
- ▶ \_\_ My OB Interview/registration appointment date is: \_\_\_\_\_; please bring all forms with you.