

INITIAL PRENATALS AND PRENATALS AS AN OBSERVER FORM

Applicant’s Name _____ Last four digits Social Security # _____

Document attendance at 10 Prenatal Visits and 10 Initial Prenatal Visits in any capacity (observer, doula, family member, friend, beginning apprentice, etc.) These prenatal visits may be verified by any witness who was present at the prenatal visit. Add these witnesses to the Witness List.

#	Client Code	Date of Exam	Initial Prenatal Exam y/n	Witness Initial	Comments about Prenatal Exam
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