

CLINIC PROFILE FORM – INGRAM SCREENING, LLC

Name of Clinic:

Street Address:

Telephone:

City:

Fax:

Zip Code:

E-Mail:

Contact Person:

Title:

Screening already? Antenatal/postnatal?

Screening tool used?

Screening timeline/frequency?

Clinic cut-off score:

EHR documentation:

EPDS languages used/needed:

Educational Resources given currently:

Referral Protocol:

Scheduling:

Other notes:

Date:

SUBMIT: Email form to ingramconsulting_lynn@yahoo.com or fax to 503-775-1098 for FREE consultation