

Northwest Early Head Start Prenatal Visit Plan

Parent's Name:	Due Date:	
Family Visitor:	Date:	FV#:

PARENTING PURPOSE:	PHB #:
<u>EXPERIENCES</u>	
Taking Care of Myself/Family:	
Getting Ready for Baby:	
Preparing for Childbirth:	
<u>HEALTH/FAMILY SERVICES</u>	
<u>OBSERVATION/EDUCATION COMMENTS</u>	
<u>PLAN FOR UPCOMING WEEK</u>	
<u>Experiences for Home</u>	<u>Next Doctor Appointment:</u>
	<u>Planning for Next Visit</u>
	Parenting Purpose:
<u>PARENT'S COMMENTS</u>	

Parent's Signature: _____