

# Congratulations...

## you're about to have a baby!

And congratulations because all you have to do is complete the attached form to assure that you and your baby get off to the healthiest start possible.

### Why should I fill out the Healthy Start Risk Screen?

- Risk factors can lead to low birthweight or pre-term births. These can be eliminated or reduced if we know about them early.
- If you have some of these risk factors, you can get free services to help.

### Why should I have the risk screening if I don't need Healthy Beginnings services?

The more women who complete the screen, the more funding is available for families in our community.

### Who is eligible for Healthy Beginnings services?

Women who need services to assure a healthy birth.

### If I complete the screen, is my privacy protected? Yes!

### What are Healthy Beginnings services?

The Healthy Beginnings Program offers eligible women and their families a variety of **FREE** services, such as:

- Childbirth education
- Nutrition information and counseling
- Breastfeeding education and support
- Home visits
- Free development assessments
- Help to quit smoking
- Parent education and support
- Stress management counseling
- Links to other services
- Information and support

When you say **"YES"** to the Healthy Start Prenatal Risk Screen, you help all of Palm Beach County's babies get the best possible start.



**Help your baby have a healthy start in life!**

Please answer the following questions to find out if anything in your life could affect your health or your baby's health. Your answers are **confidential**. You may qualify for free services from the Healthy Start Program or the Healthy Families Program, no matter what your income level is! (Please complete in ink.)

Today's Date: \_\_\_\_\_

QUESTION	YES	NO
1. Have you graduated from high school or received a GED?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you married now?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any children at home younger than 5 years old?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any children at home with medical or special needs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is this a good time for you to be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6. In the last month, have you felt down, depressed or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>
7. In the last month, have you felt alone when facing problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever received mental health services or counseling?	<input type="checkbox"/>	<input type="checkbox"/>
9. In the last year, has someone you know tried to hurt you or threaten you?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble paying your bills?	<input type="checkbox"/>	<input type="checkbox"/>
11. What race are you? Check one or more. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other		
12. In the last month, how many alcoholic drinks did you have per week? <input type="checkbox"/> did not drink <input type="checkbox"/> did not smoke		
13. In the last month, how many cigarettes did you smoke a day? (a pack has 20 cigarettes) <input type="checkbox"/> did not smoke <input type="checkbox"/> did not smoke		
14. Thinking back to just before you got pregnant, did you: <input type="checkbox"/> pregnant now <input type="checkbox"/> pregnant later <input type="checkbox"/> not pregnant		
15. Is this your first pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give date your last pregnancy Date: (month/year)		
16. Please mark any of the following that have happened: <input type="checkbox"/> Had a baby that was not born alive <input type="checkbox"/> Had a baby that weighed less than 6 pounds <input type="checkbox"/> None of the above		

Name: First \_\_\_\_\_ Last \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: (month/year) \_\_\_\_\_  
Street Address (please include apartment number): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Prenatal Care covered by:  Private Insurance  Medicaid  Medicare  Other \_\_\_\_\_  
I authorize the exchange of my health information between the Healthy Start Program, Healthy Families Florida, and the Florida Department of Health, Palm Beach County, for the purpose of providing you with the best possible care.

For more information about the **Healthy Beginnings** Program

call **888-634-7900**

# Healthy Beginnings