

WORKSHEET FOR MONTHLY WOMEN AND FAMILIES REPORT

MONTH AND YEAR: _____

PROGRAM/PROVIDER: _____

1. Admissions to the program this month

<u>Name</u>	<u>Pregnant ?/Due Date</u>	<u>Admit. Date</u>	<u>Medicaid ?</u>	<u># of Children</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Of NEW Women admitted, are any trying to regain custody of their children ? _____

If YES, the number of Women trying _____

3. Number of pregnant clients in the program at this time? _____

4. Are all receiving prenatal care? If not, please explain why:

Number of Deliveries _____

How many of these were Drug/Alcohol Free (born without FAS/not in withdrawal) _____

(Babies born with methadone in their systems are considered drug free)

5. Number of Women who became pregnant while in treatment ? _____

6. Are there any Women or Children in the Program NOT receiving primary medical care?

If YES, the number of Women _____ number of Children _____

7. Of the Women or Children who were NOT receiving primary medical care, the number who were referred for primary medical care. Women _____ Children _____

8. Are there any women on the waiting list from the NorthCare region?

9. Are all the treatment plans completed for each woman?

10. Discharged clients this month:

<u>NAME</u>	<u>DATE</u>	<u>REASON</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Are continued care plans completed on all discharged clients (including referral appointments) and other necessary follow-up?

12. Total number of active clients in the program at this time?

Women _____ Children _____

Total number of Clients referred to treatment Out of Region?

Women _____ Children _____

13. What kind of referrals are clients receiving during and after treatment?