



Platte County Health Department

Special Deliveries

FAX: (816) 858-2087

Call: (816) 935-4094

Client Services Screening Form

CLIENT INFORMATION

Client's Full Name: _____ DOB: _____ Race: _____

Significant Other's Name: _____ DOB: _____ Race: _____

Please Circle: Single Married In a Relationship

Client's Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email Address: _____

Child(ren) Name(s) & DOB: _____

Are you expecting? Yes ___ No ___ If Yes, What is your expected Due Date: _____

Prenatal care started at _____ weeks.

PROGRAM SERVICES

The Platte County Health Department offers a variety of wonderful services for you and your family. Services offered for first time mothers include a **FREE** program with a family support worker who provides you with support, education, and community referrals based on the needs of your family. Topics covered may include; child development, breastfeeding, newborn care, labor and childbirth, parenting skills, stress reduction. A representative from the Platte County Health Department will be calling you to provide you with more information.

I hereby give my permission to share this information with the Platte County Health Department to follow up with the information provided.

Client Signature

Date

FOR OFFICE USE ONLY

Date received: _____ Date faxed: _____

REFERRED: _____

Additional Concerns/Comments: