Healthy Beginnings Discharge Record

Client ID#  
Last Name  First Name  MI

Date of Birth

Month  Day  Year

Data Reporting Instructions:
Please report participant’s discharge date and the reason for discharge in the Healthy Beginnings database. Please refer to the Healthy Beginnings Program Participant Discharge Procedures for complete instructions.

Reason for Discharge: (please select one)
☐ Two Years Postpartum  ☐ Child No Longer in Home
☐ Declined Services  ☐ Miscarriage
☐ Moved Out of Area  ☐ Fetal Death
☐ Unable to Contact  ☐ Infant Death
☐ Enrolled in Nurse Family Partnership  ☐ Termination of Pregnancy
☐ Other (please specify)  

Discharge Notes: Information for participant (referrals, review of goals, inspirational words) or discharge information (dates of contact attempts, participant’s reason for declining services, etc.)

Discharge Date:  MM DD YYYY

Staff Initials:

Instructions for Healthy Beginnings Discharge Record

Purpose: To document the reason for participant’s discharge from the Healthy Beginnings program.

Instructions: The form must be completed within 14 days of discharge. Submit required data as instructed by the Healthy Beginnings Program Manager. File original (white) copy in participant’s program record. Yellow copy is to be given to the participant (if applicable).

Disposition: This form is to be retained in accordance with the records disposition schedule of medical records as issued by the North Carolina Office of Archives and History, Division of Historical Records.