Client ID#		N.C. Department of Health and Human Services Division of Public Health
.ast Name	First Name MI	Women's and Children's Health Section Women's Health Branch, Perinatal Health Unit
Date of Birth		Hoolthy Boginnings
	Month Day Year	Healthy Beginnings
	mema: Day .ea.	Discharge Record
he Healthy Beginnings database.	ge date and the reason for discharge in Please refer to the Healthy Beginnings	
Program Participant Discharge Pro	ocedures for complete instructions.	Discharge Date:
Reason for Discharge: (please se	elect one)	MM DD YYYY
☐ Two Years Postpartum	☐ Child No Longer in Home	Staff Initials:
☐ Two rears Postpartum ☐ Declined Services	☐ Miscarriage	
☐ Declined Services ☐ Moved Out of Area	□ Ivilscarriage	
☐ Moved Out of Area ☐ Unable to Contact		
	☐ Infant Death	
☐ Enrolled in Nurse Family Partne	ership Termination of Pregnancy	
Other (please specify)		
Purpose: To document the	Instructions for Healthy Bone reason for participant's discharge from	eginnings Discharge Record

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.

Disposition: