

Newfoundland and Labrador Healthy Baby Club



HBC site _____

RESOURCE MOTHER'S RECORD OF PARTICIPANT CONTACT

Name of HBC Participant _____ Phone Number _____

Address _____

Due Date _____

(MM/DD/YYYY)

All contacts by the Resource Mother concerning the participant related to Healthy Baby Club should be recorded. These contacts include: home visits, group sessions, phone calls, hospital visits, and contacts with the Nutritionist, Public/Community Health Nurse, Lactation Consultant, or others on behalf of the participant.

Date	Type, Length of Contact and Details	Plan for Follow-up and Initials	Initials indicating Follow-up Contact Form Completed

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