



# HEALTHY BABY



## Enrollment Form for the School District of Osceola County, FL Employees

My Name: \_\_\_\_\_ My Age: \_\_\_\_\_

My Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

My Email Address: \_\_\_\_\_

My Primary Phone Number \_\_\_\_\_

My Doctor's Name: \_\_\_\_\_

My Doctor's Address: \_\_\_\_\_  
\_\_\_\_\_

I am \_\_\_\_\_ weeks today. My worksite is: \_\_\_\_\_

This is my \_\_\_\_\_ pregnancy. My Due Date is: \_\_\_\_\_

I am planning on delivering at: \_\_\_\_\_

Are you currently taking prenatal vitamins and for how long have you  
been taking them? \_\_\_\_\_

Have you had a physical exam in the last 12 months? \_\_\_\_\_

If not, are you planning on having a physical exam? \_\_\_\_\_

Are you currently covered under The School District of Osceola County  
Medical Benefit Plan? \_\_\_\_\_

# My To-Do List

In order to be eligible for your incentive you must complete the following To-Do List throughout your pregnancy. Some of these require names, addresses, dates and times. Scheduled doctor's visits will vary depending on your physician and your own physical state. Completing the general guidelines is what will make you eligible for the incentive upon completion of the program.

## 4-28 Weeks: One visit per month

Choose a caregiver

My Caregiver's Name is: \_\_\_\_\_

1st appt. (between 8-12 weeks): \_\_\_\_\_

2nd appt. (between 12-16 weeks): \_\_\_\_\_

3rd appt. (between 16-20 weeks): \_\_\_\_\_

4th appt. (between 20-24 weeks): \_\_\_\_\_

5th appt. (between 24-28 weeks): \_\_\_\_\_

I have taken prenatal vitamins recommended by my caregiver throughout the first 28 weeks. \_\_\_\_\_ Name of prenatal vitamins: \_\_\_\_\_

I have talked to my caregiver about all the medications and over-the-counter medications I am taking.

I got my teeth cleaned. Not only is it safe to get your teeth cleaned during pregnancy, it is recommend.

I got information about a birthing center covered by my health plan.

I got information about Winnie Palmer Hospital for Women & Babies.

## 4-28 Weeks: Two visits per month (every two weeks)

6th appt. (between 28-30 weeks): \_\_\_\_\_

7th appt. (between 30-32 weeks): \_\_\_\_\_

8th appt. (between 32-34 weeks): \_\_\_\_\_

9th appt. (between 34-36 weeks): \_\_\_\_\_

I have continued taking the prenatal vitamins recommended by my caregiver throughout the first 36 weeks. \_\_\_\_\_

**36 weeks -Delivery: One visit per week**

10th appt. (between 36-37 weeks): \_\_\_\_\_

11th appt. (between 37-38 weeks): \_\_\_\_\_

12th appt. (between 38-39 weeks): \_\_\_\_\_

13th appt. (between 39-40 weeks): \_\_\_\_\_

( ) I have continued taking the prenatal vitamins recommended by my caregiver until the end of my pregnancy: \_\_\_\_\_.

( ) I have researched birthing options, including having an epidural and natural child birth. \_\_\_\_\_.