



Maternal Child Health Form Completion Flowchart

Timing:	Initial Contact (or first contact using DAISEY)	Each Encounter
Mandatory Form Completion:	<ul style="list-style-type: none">• Caregiver (Adult) Profile and/or Child Profile• KDHE Program Visit Form• MCH Service Form	<ul style="list-style-type: none">• KDHE Program Visit Form• MCH Service Form
As Needed Form Completion:	<ul style="list-style-type: none">• KDHE Program Referral Form• Smoking History Survey• Edinburgh	<ul style="list-style-type: none">• KDHE Program Referral Form• Smoking History Survey• Edinburgh