COMPREHENSIVE PERINATAL SERVICES PROGRAM
CPSP Participation Consent/Declination Form

The Comprehensive Perinatal Services Program (CPSP) offers enhanced perinatal care to Medi-Cal eligible women. The law requires that all Medi-Cal eligible pregnant women be offered CPSP services.

Children's Physicians Medical Group and Rady Children's Health Network believe that your participation in this program can help you take better care of yourself and your baby. We encourage you to take advantage of the services provided through this program.

Based on your need the following services are available:

- Training on good eating habits for you and your baby.
- Training to help you maintain your health and the health of your baby.
- To help with life issues: Housing, Social Work Services, Safety
- Smoke cessation education

Based on the needs identified, appropriate referrals and interventions can be made to address them.

Please sign below and check whether you want to take part in the program or not. When you request to participate, you will be expected to attend all the sessions (4 regular sessions- Initial Assessment, 2nd and 3rd trimester reassessment and post-partum). In addition to the 4 regular sessions, you may need to be referred for health education, social worker, behavioral health, and/or dietician.

If you choose not to participate at this time, but change your mind at any time during your pregnancy, please let us know.

Yes, I want to participate. _____ No, I do not want to participate. _____

_____	_____	_____
Date	Patient's Signature	OB Provider Signature or Stamp

Patient Name:_____ Insurance/#:_____

PHONE NUMBER: _____ DOB: _____ LMP: _____ EDC: _____

***Provider: please fax a copy of this document to CPMG Attn: Quality Improvement Department, fax #: 858-309-7977. File a copy in the patient's medical record in your office for audit purposes.**