ATTACHMENT #1

CASE LIST FOR INITIAL CERTIFICATION

Please list your last 10 clients, or the 10 that best illustrate your teaching skills. Add comments below or on back for any case that needs additional information or clarification.

											Assessment of:___			Recommenda-tions:___					Review of:___
Client ID Number*	Reproductive Category	Date of Intro. Session	# of FU	Date of Last FU	Advanced Case Mgmt. i.e. Yellow Stamps (specify)	Advanced Issues (specify)	Referrals Made Re: Problems Identified (Y/N)	Pregnancy (yes or no)	Pregnancy Classification	Documentation of Items Taught (Y/N)	1. Client's Knowledge (Y/N)	2.Client's Application of Knowledge (yes or no)	3.Client's Intention/Use (yes or no)	1.Instructions	2.Assignments (Y/N)	3.Schedulig of Future Appts. (Y/N)	1.Client chart w/assessment &corrections (yes or no)	2.Dicussion Points & Sexuality (Y/N)	Client Withdrawn (Y/N-reason)
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			