



Serving Bradford, Sullivan, and Tioga Counties in Pennsylvania

Dear First Time Mom -

A baby brings both joy and change. As you anticipate the arrival of your newborn, you are likely experiencing both excitement and concern. Nurse-Family Partnership under Guthrie Towanda Memorial Hospital would like to make this time as easy and worry-free as possible.

To find out more about giving your baby the best possible start, just fill out the form below. This form does not sign you up. You are under no obligation, but we look forward to talking with you about Nurse-Family Partnership.

Name: _____ Birthdate: _____
Address: _____ City _____ Zip _____
Phone: _____ Cell Phone: _____
Email: _____ Facebook: _____
Physician: _____ Due Date: _____

Best time to call: (check one) ___ Morning ___ Afternoon ___ Evening

Is this your first child? ___ Yes ___ No Is your household aware of your pregnancy? ___ Yes ___ No

Are you receiving WIC? ___ Yes ___ No ___ I have applied

I give permission for this information to be sent to Nurse-Family Partnership. Signing here does not enroll me, I will decide that upon meeting with a nurse. I give permission for the NFP staff to contact me by phone, text and/or social media.

Signature: _____ Date: _____

Referring Agency: _____

Once completed, please fax this form to Nurse-Family Partnership – 570-268-2206. For questions call 570-268-2372.

NFP Official use: [Large empty box for official use]