

- ECTOPIC
- MISCARRIAGE < 20 WKS
- SPANISH ENGLISH
- TEEN

**RTS BEREAVEMENT SERVICES
CHECKLIST FOR ASSISTING PARENT(S) EXPERIENCING A MISCARRIAGE**

FILL OUT FORM COMPLETELY AND ATTACH A FACESHEET TO THE YELLOW COPY

Mother's name: _____ Age _____ Gr _____ Para _____ EDC _____

Address (including zip) _____ Phone (_____) _____

Date/Time Delivered _____ Date/Time of Death _____

Father (support) name _____ Baby's name _____ EGA _____ Wt _____ Length _____

Previous losses _____ Living children (ages) _____

RTS Packet given to? Mother Father

Is/are parent(s) interested in burial or cremation? Yes No *Not required by State Law*

Pastoral Care Notified? Yes No

Social Services Notified? Yes No

Grief Process discussed? Yes No

Interested in follow-up? Yes No

Documentation (RTS packet given) on Mom's chart? Yes No

Yellow Copy of RTS checklist and face sheet to L/D RTS file cabinet or Tube #310 Yes No

Comments: _____

Follow up RTS support person: _____
 Name/Department



Patient Information
 Patient Name
 Unit #
 D.O.B.

