



Human
Services

CHILDBIRTH CLASS REGISTRATION



PAL Label

PLEASE PRINT

Today's Date: _____

Name: _____

Your Date of Birth: _____

Due Date: _____

Phone # - Home: _____ Cell: _____

Email: _____

Are you a first time mom to-be? → ☐ Yes ☐ No

Class Options:

☐ **Five Week Series:** consisting of childbirth preparation education, labor coping skills, a tour of WakeMed and how to care for your newborn through one year of age.

☐ **One time - Day Class:** Class provides an overview of childbirth preparation, labor coping skills And a tour of WakeMed.

Patient MR#: _____

Assigned Staff: _____

Medicaid #: _____

DO NOT WRITE BELOW THIS LINE * OFFICE USE ONLY*

SERIES / DATE: _____

FACILITY: _____

CLASS #	DATE	UNITS	INSTRUCTOR SIGNATURE	CREDENTIALS	DIAGNOSIS CODE
				CCE	
				CCE	
				CCE	
				CCE	
				CCE	

Childbirth Class 1 unit equals 1 hour 5 week series – 2 units equals 2 hours / One time class – 4 units equals 4 hours

		DIAGNOSIS CODES	
Supervision of normal first pregnancy			
State Reporting <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	Z34.01	Supervision of normal 1 st pregnancy, first trimester	
	Z34.02	Supervision of normal 1 st pregnancy, second trimester	
	Z34.03	Supervision of normal 1 st pregnancy, third trimester	
Supervision of other normal pregnancy			
State Reporting <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	Z34.81	Supervision of other normal pregnancy, first trimester	
	Z34.82	Supervision of other normal pregnancy, second trimester	
	Z34.83	Supervision of other normal pregnancy, third trimester	