

Bureau of Family Health

Using DAISEY for improved family services coordination & measurement



Family Planning Form Completion Flowchart

| Timing: | Initial Contact (or first contact using DAISEY) | Each Encounter |
|-------------------------------|--|---|
| Mandatory Form Completion: | <ul style="list-style-type: none"> • Caregiver (Adult) Profile • KDHE Program Visit Form • Family Planning Service Form | <ul style="list-style-type: none"> • KDHE Program Visit Form • Family Planning Service Form |
| As Needed Form Completion: | <ul style="list-style-type: none"> • KDHE Program Referral Form • Smoking History Survey • Edinburgh | <ul style="list-style-type: none"> • KDHE Program Referral Form • Smoking History Survey • Edinburgh |