



## Maternal Wellness Verification Form

Name: **(Please Print)** \_\_\_\_\_

Caregiver ID Number: \_\_\_\_\_

Spouses name if you are not the INTEGRIS caregiver: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

**In order to determine whether the program you are considering is eligible, please complete the following information in full and ask the instructor or consultant to verify and sign the form.**

- Maternal Wellness
  - Certificate of Completion
    - Childbirth Education
    - Breastfeeding Class
    - Other Approved Maternal Wellness Class
    - Walk Well (must provide physician release for physical activity)
- Lactation Consultation
  - Please call to schedule a lactation consultation or for a referral
    - Baptist Medical Center: 405.949.3405
    - Baptist Regional: 918.540.7210
    - Bass Baptist: 580.548.1561
    - Canadian Valley: 405.717.6900
    - Edmond: 405.657.3250 or 405.657.3245
    - Grove Hospital: 918.786.4278
    - Lakeside: 405.936.1500
    - Southwest Medical Center: 405.644.5242

CAREGIVER/SPOUSE Signature: \_\_\_\_\_

INSTRUCTOR Signature: \_\_\_\_\_

**Submit Form to Employee Wellness: Inter-office: 001.7063 / Email: [employee.wellness@integrisok.com](mailto:employee.wellness@integrisok.com) / Mail: Employee Wellness, 5501 N. Portland Ave. A-13 OKC, OK 73112**