



CLIENT SURNAME *Kemuter*
 GIVEN NAME *Savantha*
 DATE OF BIRTH
 SEX
 CLIENT HEALTH RECORD #
 MHSC #
 PHIN #

PROGRESS NOTES

Date and Time	Contact (D or I)	
04 Dec 6	unt	HV to tomorrow. DC Baby Dec 3 felt baby not watching. I desire to re-initiate offer.
	1100H	(P) HV scheduled 04 Dec 7 after 2:30-3:00pm - m/s
04 Dec 6	late entry	(A) Advised Savantha of PC & Shelly Under, CFS & that write advised CFS & parenting worker. Permission granted from Savantha to discuss CFS should agency call again. m/s
04 Dec 7	m/TAS	(A) RC requested to re-schedule HV. m/s
	1400H	
04 Dec 7	m/TAS	(A) RC requested to re-schedule HV. m/s
	1730H	
04 Dec 9	m/TAS	(D) RC requested from Savantha re: infant health not of family's decision re: Baby 1st program. (P) Avoid client contact. m/s
	1525H	
FEB 25 2005	O/L	(D) Letter to client. (P) O/c March 31 if to contact. m/s
MAY 26 2005		(D) of Client contact. (P) O/c file. m/s

Legend: D = Direct Client Contact
 I = Indirect Client Contact