

medical – new kids at the creek (a prenatal care wellness program)

Sponsored by Coldwater Creek for full-time Employees and their Spouses.

Welcome to the Program!

We're pleased to know you're seeking healthy prenatal care.

Please make sure your physician is familiar with this program and have him/her initial in the spaces provided for each prenatal visit and your final postpartum visit. You will need to return this completed form to your Human Resources Office.

Please indicate incentive choice below:

_____ \$100 US Savings Bond

_____ Up to \$50 reimbursement for purchase
of a car seat (original receipt required)

Congratulations from Coldwater Creek!

prenatal visit record

employee's name

employee's id no.

_____ employee's address

_____ city, state, zip

_____ employee's social security number

_____ baby's name

_____ location/store number

prenatal visit record. you're required to have your physician initial and fill in the dates of each visit.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____

11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____

21. _____ 22. _____ 23. _____ 24. _____ 25. _____ 26. _____ 27. _____ 28. _____ 29. _____ 30. _____

physician signature – postpartum visit

date