

Pregnancy Intention Initiative

(Formerly known as Women's Health Initiative)

Practice Name: _____

Please confirm what partners you shared your PII information sheet with.

At minimum:

1. If you are a Primary Care Site, please share with (1) Specialty Practice. If you are a Specialty Practice, please share with (1) Primary Care Practice.
2. Two Community Partners

Date:

Primary care/Specialty care:

Community Partner:

Community Partner:

Other:

Community Partner:

Community Partner:

Please email completed form to Averiel.Hossley@partner.vermont.gov