

Pregnancy Intention Initiative

Your Practice(s)' Name(s):

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

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

Today's Date:

Primary Care/Specialty Care Practice Name:

Community Partner Name:

Community Partner Name:

Other:

Community Partner Name:

Community Partner Name:

Please email to Nichole Bachand Nichole.Bachand@partner.vermont.gov