

ARKANSAS DEPARTMENT OF HEALTH LLM MONTHLY WORKSHEET

FOR ADH USE ONLY
DATE RECEIVED _____
BY FAX _____ BY MAIL _____
NO. CASELOAD PAGES _____
NO. INCIDENT REPORTS _____

LLM Name _____ Monthly Totals for Year _____

Enter the total number of events for each category for each month of the year. Enter 0 (zero) when there are no events in the month reporting. Attach this report form as a cover sheet to the Caseload and Birth Log and all related Incident Reports for the reporting month.

MONTH	NEW CLIENTS	LEFT CARE Non-Medical Reason	LOST CONTACT	TRANSFER CARE for Medical Reason	NUMBER OF CONSULTS	NUMBER Of REFERRALS	TRANSPORTS Mother(M) Newborn(N) Both(B)	Hospitalized within 30 days of Delivery Mother(M) Newborn(N)	Number of Home Births	Number of Hospital Delivery	Number of Incident Reports
<u>JANUARY</u>											
<u>FEBRUARY</u>											
<u>MARCH</u>											
<u>APRIL</u>											
<u>MAY</u>											
<u>JUNE</u>											
<u>JULY</u>											
<u>AUGUST</u>											
<u>SEPTEMBER</u>											
<u>OCTOBER</u>											
<u>NOVEMBER</u>											
<u>DECEMBER</u>											

A copy of the Caseload and Birth Log is submitted monthly listing all clients by 4 weeks of care and postmarked by the 10th of the following month. All required incidents that must be reported to the ADH shall be documented on the Incident Report Form in the month they occur and submitted with the Caseload and Birth Log. When necessary to change a name or date on the Caseload and Birth Log, draw a single line through the incorrect entry and write the correct entry beside it. Hospitalization of the mother/newborn within 30 days of delivery must be reported within 5 business days. Complications within 48 hours of delivery that result in death of mother, infant or fetus must be reported to the department within 2 business days. Maternal and/or newborn deaths that occur between 2-30 days of delivery must be reported to the ADH within 5 business days. Submit the Caseload and Birth Log and attachments by the 10th of the following month to: **Arkansas Department of Health, Women's Health Section, Slot 16, 4815 W. Markham, Little Rock AR 72205.**