

Which Caregiver/Adult was involved (Client Name)?

Date of Activity: _____

Expected Delivery Date: _____

New Enrollee? (Select one)

- ☐ Yes
- ☐ No

Type of visit: (Select one)

- ☐ Prenatal
- ☐ Post-Natal

Pre-Natal Visit Follow Up Questions

Initiated Prenatal Care (PNC): (Select one)

- ☐ 1st Trimester
- ☐ 2nd Trimester
- ☐ 3rd Trimester
- ☐ No PNC initiated

Complied with recommended PNC appointments after initiating care? (Select one)

- ☐ Yes
- ☐ No

Post-Natal Visit Follow Up Questions

Attended at least one postnatal (medical) care visit? (Select one)

- ☐ Yes
- ☐ No

Date of infant's birth: ____/____/____

Gestational age of infant at birth (in weeks) (Select one)

- ☐ <32 weeks
- ☐ 32-27 weeks
- ☐ >37 weeks

Birth weight of infant?

- ☐ Less than 3lbs 4oz (1500 grams)
- ☐ More than 3lbs 4oz (1500 grams) by less than 5lbs 8oz (2500 grams)
- ☐ 5lbs 8oz of more

What type of birth did you have?

- ☐ Vaginal
- ☐ Cesarean
- ☐ VBAC

Did you have a NICU admission?

- ☐ Yes
- ☐ No

What is the infant's feeding method?

- ☐ Breastmilk (breastfeeding/pumping)
- ☐ Formula
- ☐ Both

Multiple Birth?

- ☐ Yes
- ☐ No

Infant received one-week visit to pediatrician/doctor? (Select one)

- ☐ Yes
- ☐ No

Infant placed for adoption? (Select one)

- ☐ Yes
- ☐ No

If infant was placed for adoption, date of adoptive placement: ____/____/____

Age of mother at time of adoptive placement:

Fetal/infant death? (Select one)

- ☐ Yes
- ☐ No

If yes, date of death: _____

Age/Time of death? (Select one)

- ☐ Miscarriage
- ☐ Fetal death/stillborn
- ☐ <7 days
- ☐ 7-27 days
- ☐ 28-364 days

Indicate the number of client's and partner's children in the home age < 1: _____

Indicate the number of client's and partner's children in the home 1-11: _____

Indicate the number of client's and partner's children in the home 12-22: _____

Direct Services Provided: (Select all that apply)

- ☐ Adoption Counseling/Services
- ☐ Alcohol/Substance Abuse Services
- ☐ Behavioral Health Services
- ☐ Budgeting
- ☐ Child Care Assistance
- ☐ Child Protection Information/Services
- ☐ Counseling, other type not specified
- ☐ Domestic Violence Information/Services
- ☐ Education
- ☐ Employment Assistance
- ☐ Food Assistance
- ☐ Healthcare Coverage Information
- ☐ Housing Assistance
- ☐ Information about Continuation of Education
- ☐ Material Goods
- ☐ Maternal Depression Screening
- ☐ Parenting Support
- ☐ Prenatal Support
- ☐ Reproductive Health/Family Planning Information
- ☐ Smoking Cessation Counseling

- Transportation Assistance
- Utilities Assistance
- Other

Specify Other Service:

Education Provided (Complete only if education was provided):

- Alcohol/Substance Abuse
- Behavioral Health (Other than Perinatal Mood and Anxiety Disorders)
- Breastfeeding
- Bullying
- Child Care Resources
- Child Development/Developmental Screening
- Child Protection Information
- Car seat safety/installation
- Continuation of Education
- Count the Kicks
- Family Violence
- Father Involvement
- Food Assistance
- Health Care Coverage/Medicaid Eligibility
- Immunizations
- Infant Care
- Injury prevention/safety
- Labor/Childbirth
- Lead Prevention
- Lifestyle risk factors/prenatal exposures
- Maternal Warning Signs
- Medical Home
- Nutrition
- Oral Health
- Parenting
- Perinatal Mood and Anxiety Disorders
- Postpartum care
- Preconception/Interconception
- Prenatal Care
- Preterm Labor
- Reproductive Health/Family Planning
- Safe Sleep
- Smoking Cessation/Second-hand exposure
- State/local resources
- Suicide Prevention
- Teen Pregnancy Prevention
- Transition
- Transportation Assistance
- Utilities Assistance
- Weight Management
- Well Adolescent
- Well Child
- Well Woman
- WIC
- Other **Specify other education provided:**

Was a health risk screening tool administered:
(Select all that apply)

- EPDS
- PHQ-9
- PHQ-A
- GAD-7
- ASSIST
- CRAFFT
- AUDIT
- DAST
- Other **Specify Other screening tool administered:**

- N/A – No screening tool administered

Client left the program for the following reasons:
(Select one)

- N/A-still participating
- Completed Goals
- Client Terminated Participation
- Miscarriage
- Infant age 6 months
- Client left service area
- Client cannot be located
- Other **Specify Other Reason:**

Exit Date:

Are any referrals needed?

Yes (If yes, fill out the referral form)

No

Notes:

[illegible]