

Completed for every Prenatal Visit

Parent/Caregiver First Name:		Parent/Caregiver Last Name:	
Scheduled Home Visit Completion			
<input type="checkbox"/> Completed	Start Time: _____ am/pm		Miles Driven: _____ one-way
	Length of Visit: _____ minutes		Driving Time: _____ minutes
	Location: <input type="checkbox"/> Family home <input type="checkbox"/> Relative's home <input type="checkbox"/> HV Office/center <input type="checkbox"/> Other:		
<input type="checkbox"/> Attempted	Reason: <input type="checkbox"/> Participant not home <input type="checkbox"/> Participant Refused <input type="checkbox"/> Participant not available <input type="checkbox"/> Other:		Reschedule Date:
<input type="checkbox"/> Cancelled by:	<input type="checkbox"/> Family: <input type="checkbox"/> Illness <input type="checkbox"/> Schedule Conflict <input type="checkbox"/> Other: <input type="checkbox"/> Home Visitor: <input type="checkbox"/> Illness <input type="checkbox"/> Schedule Conflict <input type="checkbox"/> Other:		Reschedule Date:
PRENATAL VISIT			
1. Are you currently smoking or using tobacco products? <input type="checkbox"/> Smoking Cigarettes <input type="checkbox"/> Using Tobacco Products <input type="checkbox"/> E-Cigarettes <i>(Home Visitor should provide a referral to a tobacco cessation service if using tobacco)</i>			
2. If smoking, how many cigarettes per day? _____			
3. Are you interested in quitting/reducing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Do you have Health Insurance at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Home Visitor should provide enrollment information if not currently insured)</i>			
SCREENING & ASSESSMENTS COMPLETED (check all that apply)			
<input type="checkbox"/> Demographic Update <input type="checkbox"/> Relationship Assessment <input type="checkbox"/> Edinburgh Depression <input type="checkbox"/> HITS (males only)			
HOME VISIT SUMMARY			
Referrals/Resources Initiated: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Referrals/Resources Follow-up: <input type="checkbox"/> N/A <input type="checkbox"/> Complete <input type="checkbox"/> Not Complete			
Materials left:			
Next Visit Date:			
Others involved in home visit: <input type="checkbox"/> Father of child <input type="checkbox"/> Mother of child <input type="checkbox"/> Additional Caregiver <input type="checkbox"/> Grandparent <input type="checkbox"/> Child welfare staff <input type="checkbox"/> Birth to Three Staff <input type="checkbox"/> RFTS <input type="checkbox"/> Other Adult(s) (provide #): _____ <input type="checkbox"/> Other children (provide #): _____			