

Maternal Infant Health Program (MIHP) Medical Provider Infant Discharge Summary

Name of Medical Care Provider/Clinic: _____

Beneficiary's Name: _____ Parent/Guardian: _____

Date Infant Risk Identifier Completed: _____ Date of Birth: _____

Number Visits: _____ Infant Services completed? Yes Date: _____ Not completed Cannot be Located

Parent/Guardian Declined Services Reason: _____

Moved To: _____ Client's MIHP Care Transferred To (Name of MIHP): _____

The following chart addresses the initial risk(s) identified at enrollment in MIHP and current or ongoing risk(s)

| Risk /Intervention | Mod/high Risks at Screening | Mod/high Risks at Summary | Progress During Infant Interventions |
|-----------------------|-----------------------------|---------------------------|--|
| Infant Health | <input type="checkbox"/> | <input type="checkbox"/> | Seen by medical provider: <input type="checkbox"/> Regularly <input type="checkbox"/> Illness only <input type="checkbox"/> Sporadic Location of medical provider: <input type="checkbox"/> Clinic/office <input type="checkbox"/> ER//Readicare <input type="checkbox"/> Other: _____ WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No CSHCS: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No Education provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred <input type="checkbox"/> Refused Assistance |
| Infant Safety | <input type="checkbox"/> | <input type="checkbox"/> | Sleep: <input type="checkbox"/> Crib <input type="checkbox"/> With someone On back: Yes <input type="checkbox"/> No <input type="checkbox"/> Car seat: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred Lead risk: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred 2 nd hand smoke: <input type="checkbox"/> Yes <input type="checkbox"/> No Guns/weapons in home: <input type="checkbox"/> Yes <input type="checkbox"/> No CPS referral: <input type="checkbox"/> Yes <input type="checkbox"/> No Current open case? <input type="checkbox"/> Yes <input type="checkbox"/> No Education provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred <input type="checkbox"/> Refused Assistance |
| Feeding and Nutrition | <input type="checkbox"/> | <input type="checkbox"/> | Infant fed primarily: <input type="checkbox"/> Breastfed <input type="checkbox"/> Bottle <input type="checkbox"/> Solid food Other: _____ Ever breast fed: <input type="checkbox"/> Yes <input type="checkbox"/> No How long: _____ Sleeps with bottle: <input type="checkbox"/> Yes <input type="checkbox"/> No Plans for dentist: <input type="checkbox"/> Yes <input type="checkbox"/> No Education provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred <input type="checkbox"/> Refused Assistance Referral to WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No Receiving WIC services: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Infant Development | <input type="checkbox"/> | <input type="checkbox"/> | Referral to Early On: <input type="checkbox"/> Yes <input type="checkbox"/> No Receiving Early On services: <input type="checkbox"/> Yes <input type="checkbox"/> No Education provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused Assistance |
| Family Support | <input type="checkbox"/> | <input type="checkbox"/> | Can identify minimum of one support person: <input type="checkbox"/> Yes <input type="checkbox"/> No Education provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred <input type="checkbox"/> Refused Assistance Resources provided: <input type="checkbox"/> |

Family, Living Arrangement, Language and Environmental Considerations Noted and Addressed:

Group Parenting Education: Provided Referred Refused Attended? Yes No Unknown

Currently Breastfeeding? Yes No Unknown Education provided Referred Refused Assistance

Immunization Schedule: Education Provided Referred Refused Well Child Schedule: Education Provided Referred Refused

Referrals Made For Family During Care: Family Planning Plan FIRST! Immunization Medical Dental Counseling Infant Mental Health

Parenting Support Child care WIC Substance Abuse Services Child Protective Services (CPS) Domestic Violence Services

Home Visitation/Support Program : _____

Other Describe: _____

Comments:

MIHP Agency: _____

Signature: _____ Discipline: RN SW Date: _____