

MIHP INFANT FORMS CHECKLIST

Beneficiary: _____ Care Coordinator: _____

Date Referral to MIHP Received: _____ Referral Source: _____

Date: _____ Infant Risk Identifier
MIHP I019 – 3.10 MIHP M024 – 3.10

Date: _____ Authorization and Consent to Release Protected Health Information
DCH-1190 (06-08)

Date: _____ Infant Plan of Care, Part 1, Infant Packet
MIHP I002 – 3.10

Date: _____ Infant Plan of Care, Part 2, Interventions By Risk Level
MIHP I003 – 3.10 thru MIHP I007 – 3.10

Date: _____ Infant Plan of Care, Part 3, Signature Page for Interventions By Risk Level
MIHP I008 – 3.10

Date: _____ Infant Care Communication/Notification of MIHP Enrollment Cover Letter Form A
MIHP I010 – 3.10 MIHP I009 – 3.10

Professional Visit Progress Note(s)
MIHP I011 – 3.10

Date: _____ Date: _____ Date: _____

Date: _____ Date: _____ Date: _____

Date: _____ Date: _____ Date: _____

Date: _____ Infant Communication/Notification of Change in Risk Factors Cover Letter Form B
MIHP I010 – 3.10 MIHP I012 – 3.10

Date: _____ Infant Discharge Summary for Medical Care Provider/Cover Letter Form C
MIHP I015 – 3.10 MIHP I014 – 3.10

Date: _____ Infant Summary
MIHP I019 – 3.10

Date: _____ Nutrition Questionnaire (optional)
MIHP I018 – 3.10