

Maternal Infant Health Program (MIHP) Infant Care Communication

1. Check the appropriate box regarding whether this form is being used for initial communication with the medical provider or to provide an update on the status of the infant in MIHP care

2. Write name of the infant beneficiary and name of parent(s)/guardian(s) on the lines provided 3. Write name of the physician/medical provider to whom this form is being mailed and name of clinic (if applicable) on the lines provided 4. Write birth date of the MIHP infant beneficiary and date the infant was enrolled in MIHP on the lines provided
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5. Check the most appropriate box describing whether the infant beneficiary is receiving MIHP services
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The following risk (s) were identified during the MIHP Infant Risk identifier:

These are the domain(s) that are identified at completion of the risk identifier and/or throughout the MIHP care of the infant(s)	Check this column if a moderate or high risk in this domain is identified at screening	This section is to be used to write any comments you may have about how the specific domains apply to the infant	This section is available for the medical provider to write in any follow up requested
Infant Health	<input type="checkbox"/>		
Infant Safety	<input type="checkbox"/>		
Feeding and Nutrition	<input type="checkbox"/>		
General Development	<input type="checkbox"/>		
Family Support (Parenting and Childcare)	<input type="checkbox"/>		

This section is available to comment on the maternal considerations including family, living arrangement, language and environmental considerations:

This section is available to write a brief description of key interventions, significant change(s) and referral(s) for the any or all of the risk factor(s) listed above.

Please sign and date this form on the lines provided

Detailed MIHP Plan of Care is available for this beneficiary upon request.