

**MATERNAL INFANT HEALTH PROGRAM (MIHP)  
Professional Visit Progress Note**

**INSTRUCTIONS**

**Use one form for each visit completed**

1. Write Beneficiary's name and Medicaid number on the lines provided
  2. **Location of Visit:** Check the appropriate box for type of visit and write the name of the Medicaid Health Plan on the line provided
  3. **Location of Visit :** Check the appropriate box for the location of the visit . If the location is not in the office or the home, please check the "other" box and write the location of the visit on the line provided.
  4. **Date of Visit:** Write the date of the visit and the time in and time out on the lines provided. All visits must be a minimum of 30 minutes each.
  5. **Education Packet Reviewed this visit:** If one of the education packets was reviewed this visit, check the appropriate box for type of packet (maternal/infant) reviewed. On the line provided, write the section or sections of the education packet that was reviewed with the beneficiary this visit
  6. **First time Mother?:** Check yes or no regarding whether the beneficiary is a first time mother. Child birth education should be provided to all first time mothers
  7. Check the appropriate box regarding whether or not a standing order is in place to authorize the services of a Registered Dietician.
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8. This progress note may be used to document intervention on two domains. If more that two domains are addressed at this visit, use an additional progress note form.
  9. **1<sup>st</sup> Domain/Risk Addressed (check one):** Check the appropriate box for the 1<sup>st</sup> maternal or infant domain/risk addressed this visit. If a chronic disease intervention was provided , write the specific chronic disease (i.e. asthma, diabetes, and hypertension) that was addressed on the line provided. If the beneficiary is an infant and "maternal considerations" intervention was provided , write which "maternal consideration" was addressed on the line provided.
  10. **Level of Intervention:** Check the appropriate box for the level of intervention provided (i.e. low, moderate, high, and emergency)
  11. **Interventions Provided:** Check the appropriate box for the quantity of interventions provided. If "all" interventions for a specific domain were not provided , write the number(s) associated with the specific intervention(s) provided on the line following "Partial(#s)"
  12. **Desired Outcome Results:** Check the appropriate box for result of the intervention(s) provided this visit. The desired outcome for each set of interventions can be found in the "Desired Outcome" column of the Plan of Care, Part 2 for each domain/risk.
  13. **Narrative about Intervention Provided:** On the lines provided, write a brief description of key detail regarding the part of the visit that focused on the intervention(s) provided for the domains listed. There are additional spaces on the progress note form to report on visit information **not** associated with the intervention(s) provided including outcome of previous referrals. This section may include a description of the beneficiary response to the intervention .
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14. **2<sup>nd</sup> Domain/Risk Addressed (check one):** Check the appropriate box for the 2<sup>nd</sup> maternal or infant domain/risk addressed this visit. If a chronic disease intervention was provided, write the specific chronic disease (i.e. asthma, diabetes, and hypertension) that was addressed on the line provided. If the beneficiary is an infant and “maternal considerations” intervention was provided, write which “maternal consideration” was addressed on the line provided.

15. **Level of Intervention:** Check the appropriate box for the level of intervention provided (i.e. low, moderate, high, and emergency)

16. **Interventions Provided:** Check the appropriate box for the quantity of interventions provided. If “all” interventions for a specific domain were not provided, write the number(s) associated with the specific intervention(s) provided on the line following “Partial(#s)”

17. **Desired Outcome Results:** Check the appropriate box for result of the intervention(s) provided this visit. The desired outcome for each set of interventions can be found in the “Desired Outcome” column of the Plan of Care, Part 2 for each domain/risk.

18. **Narrative about Intervention Provided:** On the lines provided, write a brief description of key detail regarding the part of the visit that focused on the intervention(s) provided for the domains listed. There are additional spaces on the progress note form to report on visit information **not** associated with the intervention(s) provided including outcome of previous referrals. This section may include a description of the beneficiary response to the intervention.

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19. **Other visit information:** On the lines provided, write a brief description of the portion of the visit that was not focused on the intervention provided.

20. **Outcome of previous referrals:** On the lines provided, write a brief description of the outcome of previous referrals made,

21. **Medical care provider appointments kept since last visit:** Check yes, no or unknown regarding whether the beneficiary attended scheduled medical care provider appointments since the last time (s)he was visited by MIHP staff.

22. **Family planning discussed this visit:** Check yes or no regarding whether family planning was discussed with the beneficiary or the beneficiary’s parent(s)/caregiver(s) if the beneficiary is an infant. Discussion of family planning is required each visit.

23. **WIC services being received:** Check yes or no regarding whether the beneficiary is currently receiving WIC services. Discussion of WIC is required each visit.

24. **Mother or infant immunization status discussed this visit:** Check yes or no regarding whether the pregnant woman or infant’s immunization status was discussed this visit. Discussion of immunizations is required each visit.

25. **Breast feeding education provided this visit:** Check yes or no regarding whether the beneficiary received breast feeding education this visit

26. **Encouraged to attend group child birth education this visit:** Check yes or no regarding whether the pregnant woman was encouraged to attend group child birth education this visit

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27. **Encouraged to attend group parenting education this visit:** Check yes or no regarding whether the beneficiary was encouraged to attend group parenting education this visit
28. **Plan for Next Visit:** On the lines provided, write a brief description of the plan for the next MIHP visit
29. **New referrals:** Check all boxes that apply for referrals made this visit
30. Sign and date the progress note when completed. Include your professional credentials in your signature