

# MATERNAL INFANT HEALTH PROGRAM INFANT RISK SCREENING TOOL

Infant Referred For MIHP

Yes  No

**Infant Name:** \_\_\_\_\_  
Last                      First                      Middle

**D.O.B.:** \_\_\_\_\_

**Medicaid ID #:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Mother/Caregiver:** \_\_\_\_\_

**Alternate Telephone:** \_\_\_\_\_

**Additional Contact Person:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Medical Care Provider**

**Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Medicaid Health Plan**

**Name:** \_\_\_\_\_

**1. Need for assistance to care for your infant**

Are you good at following directions/instructions?  Yes  No  
 Barriers:  language  literacy\* Education level \_\_\_\_\_  
 Physical limitations \_\_\_\_\_

Describe where you live:

Rent       Own your home       With relatives  
 Shelter\*       Motel\*       Car\*

**2. Failure to thrive**

How often do you feed your baby in a day? \_\_\_\_\_  
 Do you:       Breast feed       Bottle feed  
 Supplement with \_\_\_\_\_  
 Is your baby losing weight?       Yes\*       No  
 Does your baby have any other health problems that concern you?  
 Explain: \_\_\_\_\_

**3. Mother with cognitive, emotional or mental needs**

How are you coping with taking care of your baby?  
 Good       Bad\*       O.K.  
 Do you feel stressed?       Yes\*       No  
 Do you have a history of postpartum depression?  
 Yes\*       No  
 Do you have any concerns about your mental or emotional health?  
 Yes\*       No

**4. Low Birth Weight**

What was the birth weight of your baby? \_\_\_\_\_  
 >2500 grams      or       <2500 grams  
 What week of the pregnancy was your baby born? \_\_\_\_\_

**5. Family support**

Are you under 18 years old?       Yes\*       No  
 Who do you currently live with? \_\_\_\_\_  
 Who supported you during pregnancy? \_\_\_\_\_

Who can you count on for support from?

the baby's father?       Yes       No\*  
 a parent?       Yes       No\*  
 a friend?       Yes       No\*

Anyone else? \_\_\_\_\_

**6. Homeless/dangerous living situation**

Do you worry about anyone mistreating your child/children?  
 Yes\*       No  
 Do you/baby feel safe in your home?       Yes       No\*  
 Are you planning on moving from current location?  
 Yes       No       Don't Know

**7. Family history of mother's abuse/neglect**

Have you ever been abused?       Yes\*       No  
 Have you ever been neglected?       Yes\*       No

**8. Abuse of alcohol, street drugs or tobacco products**

Do you smoke?       Yes\*       No  
 Do you drink alcohol (beer, wine, liquor) when you are pregnant?  
 Yes\*       No  
 Do you use drugs not prescribed by your doctor?  
 Yes\*       No  
 Does someone in your household use drugs?  
 Yes\*       No

**9. Any other condition that may place the infant at risk for death, illness, or significant impairment?**

Explain  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: A yes or check to an asterisk ( \* ) question indicates a referral of MIHP. Provider judgment must be used in making appropriate referrals.

Infant's Name: \_\_\_\_\_

## **MATERNAL INFANT HEALTH PROGRAM INFANT RISK SCREENING TOOL**

### **INSTRUCTIONS:**

1. If the responses to Items 2-10 indicate no other high-risk situation, and responses to questions in Item 1 indicate no experience or knowledge of dealing with pregnancy/baby, the beneficiary needs only Parenting Education. Enrollment in MIHP is not required.
2. Based on the responses to questions for Item 2, assess the need for transportation and, as appropriate, make arrangements to transport beneficiary for appointments.
3. A check/yes response to an asterisk (\*) question indicates an automatic referral for MIHP. Non-asterisk items should be referred based on provider judgment.

### **CAREGIVER:**

I understand I may qualify to receive MIHP, but I do not want these services.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **MEDICAL or MIHP CARE PROVIDER**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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