

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

**INSTRUCTIONS**

**Use one form for each visit completed**

1. Check the box in the top left corner if this visit addresses more than one beneficiary's care coordination.
2. Write Beneficiary's name and Medicaid number on the lines provided
3. **Location of Visit:** Check the appropriate box for type of visit and write the name of the Medicaid Health Plan on the line provided
4. **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
5. **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.
6. **Education Packet Reviewed this visit:** If the education packet was reviewed this visit, check the appropriate box. If Text4baby messages were reviewed, check the appropriate box. If neither the education packet nor the Text4baby messages were discussed, please check the neither box. On the line provided, write the topic(s) that was reviewed with the beneficiary this visit
7. **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
8. **Standing Order in Place?:** If staff is a social worker or nurse, check this box NA. If the visit is completed by a Dietitian, a valid standing order must be in place and the Yes box should be checked.

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*This section of the progress note is used to document interventions.*

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:** Write the number(s) associated with the specific intervention(s) provided on the line provided
12. **Narrative about Mother/Care Giver's Reaction to Intervention Provided:** On the lines provided, write a brief description of the Mother/primary Caregiver's reaction to the part of the visit that focused on the intervention provided. There are additional spaces on the progress note form to report on visit information not associated with the intervention provided including outcome of previous referrals that have been made. Please see companion "Documenting Reactions to Interventions for" examples

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**13. 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.

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

**15. Interventions Provided:** Write the number(s) associated with the specific intervention(s) provided on the line provided

**16. Narrative about Mother/Care Giver’s Reaction to Intervention Provided:** On the lines provided, write a brief description of the Mother/primary Caregiver’s reaction to the part of the visit that focused on the intervention provided. There are additional spaces on the progress note form to report on visit information not associated with the intervention provided including outcome of previous referrals that have been made. Please see companion “Documenting Reactions to Interventions for” examples

***Page 2—This page of the professional visit progress note is required***

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**17.** Write Beneficiary’s name and Medicaid number on the lines provided

**18. 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. This is where you document care coordination that was provided for the beneficiary(ies) whose Medicaid insurance were not billed for this visit.

**19. Outcome of previous referrals:** On the lines provided, write a brief description of the outcome of previous referrals made. This can include comments like: “followed through with call to ...”, “did not decide to access ...resources”, etc.

**20. 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. If an appointment was not scheduled, check NA.

**21. 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. This is required at every maternal visit, unless there is documentation in the note as to why it did not occur.

**22. WIC services being received:** Check yes or no regarding whether the beneficiary is currently receiving WIC services

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**23. 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

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

**25. 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

**26. 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

**27. Plan for Next Visit:** On the lines provided, write a brief description of the plan for the next MIHP visit. This may include the date of the next visit or the planned activity for the next visit . It is the place to inform your colleagues in MIHP what is recommended for the next visit

**28. New referrals:** Check all boxes that apply for referrals made this visit. An alternative is to use the optional Referral Follow up form. If new referrals are documented on the Referral Follow up form instead of the progress note, check the box at the top of this section that is in front of the language “See Referral Follow up Form”

**29.** Sign and date the progress note when completed. Include your professional credentials in your signature. Please attempt to make your signature legible.

***Page 3—This page of the professional visit progress note is not required. You do not have to include this page if you do not address more than 2 domains at this visit***

**30.** Write Beneficiary’s name and Medicaid number on the lines provided

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**31. 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.

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

**33. Interventions Provided:** Write the number(s) associated with the specific intervention(s) provided on the line provided

**34. Narrative about Mother/Care Giver’s Reaction to Intervention Provided:** On the lines provided, write a brief description of the Mother/primary Caregiver’s reaction to the part of the visit that focused on the intervention provided. There are additional spaces on the progress note form to report on visit information not associated with the intervention provided including outcome of previous referrals that have been made. Please see companion “ Documenting Reactions to Interventions for” examples

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35. **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.

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

37. **Interventions Provided:** Write the number(s) associated with the specific intervention(s) provided on the line provided

38. **Narrative about Mother/Care Giver’s Reaction to Intervention Provided:** On the lines provided, write a brief description of the Mother/primary Caregiver’s reaction to the part of the visit that focused on the intervention provided. There are additional spaces on the progress note form to report on visit information not associated with the intervention provided including outcome of previous referrals that have been made. Please see companion “ Documenting Reactions to Interventions for” examples

39. **Interventions Provided:** Write the number(s) associated with the specific intervention(s) provided on the line provided

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