

## Maternal Infant Health Program (MIHP) Medical Provider Infant Discharge Summary

Name of Medical Care Provider/Clinic: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Date Infant Risk Identifier Completed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Number Visits: \_\_\_\_\_ Infant Services completed?  Yes Date: \_\_\_\_\_  Not completed  Cannot be Located

Parent/Guardian Declined Services  Reason: \_\_\_\_\_

Moved  To: \_\_\_\_\_ Client's MIHP Care Transferred To (Name of MIHP): \_\_\_\_\_

**The following chart addresses the initial risk(s) identified at enrollment in MIHP and current or ongoing risk(s)**

Risk /Intervention	Mod/high Risks at Screening	Mod/high Risks at Summary	Progress During Infant Interventions
Infant Health	<input type="checkbox"/>	<input type="checkbox"/>	Seen by medical provider: <input type="checkbox"/> Regularly <input type="checkbox"/> Illness only <input type="checkbox"/> Sporadic Location of medical provider: <input type="checkbox"/> Clinic/office <input type="checkbox"/> ER//Readicare <input type="checkbox"/> Other: _____ WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No CSHCS: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No Education provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred <input type="checkbox"/> Refused Assistance
Infant Safety	<input type="checkbox"/>	<input type="checkbox"/>	Sleep: <input type="checkbox"/> Crib <input type="checkbox"/> With someone On back: Yes <input type="checkbox"/> No <input type="checkbox"/> Car seat: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred Lead risk: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred 2 <sup>nd</sup> hand smoke: <input type="checkbox"/> Yes <input type="checkbox"/> No Guns/weapons in home: <input type="checkbox"/> Yes <input type="checkbox"/> No CPS referral: <input type="checkbox"/> Yes <input type="checkbox"/> No Current open case? <input type="checkbox"/> Yes <input type="checkbox"/> No Education provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred <input type="checkbox"/> Refused Assistance
Feeding and Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	Infant fed primarily: <input type="checkbox"/> Breastfed <input type="checkbox"/> Bottle <input type="checkbox"/> Solid food Other: _____ Ever breast fed: <input type="checkbox"/> Yes <input type="checkbox"/> No How long: _____ Sleeps with bottle: <input type="checkbox"/> Yes <input type="checkbox"/> No Plans for dentist: <input type="checkbox"/> Yes <input type="checkbox"/> No Education provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred <input type="checkbox"/> Refused Assistance Referral to WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No Receiving WIC services: <input type="checkbox"/> Yes <input type="checkbox"/> No
Infant Development	<input type="checkbox"/>	<input type="checkbox"/>	Referral to Early On: <input type="checkbox"/> Yes <input type="checkbox"/> No Receiving Early On services: <input type="checkbox"/> Yes <input type="checkbox"/> No Education provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused Assistance
Family Support	<input type="checkbox"/>	<input type="checkbox"/>	Can identify minimum of one support person: <input type="checkbox"/> Yes <input type="checkbox"/> No Education provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred <input type="checkbox"/> Refused Assistance Resources provided: <input type="checkbox"/>

**Family, Living Arrangement, Language and Environmental Considerations Noted and Addressed:**

Group Parenting Education:  Provided  Referred  Refused      Attended?  Yes  No  Unknown

Currently Breastfeeding?  Yes  No  Unknown       Education provided  Referred  Refused Assistance

Immunization Schedule:  Education Provided  Referred  Refused      Well Child Schedule:  Education Provided  Referred  Refused

Referrals Made For Family During Care:  Family Planning  Plan FIRST!  Immunization  Medical  Dental  Counseling  Infant Mental Health

Parenting Support  Child care  WIC  Substance Abuse Services  Child Protective Services (CPS)  Domestic Violence Services

Home Visitation/Support Program : \_\_\_\_\_

Other Describe: \_\_\_\_\_

**Comments:**

MIHP Agency: \_\_\_\_\_

Signature: \_\_\_\_\_ Discipline: RN  SW  Date: \_\_\_\_\_