

LOWER COLUMBIA COLLEGE EARLY HEAD START
Home Visit Plan Form – Prenatal Families

LOC ID _____

Parent(s): _____ Date: _____

Date of Last Prenatal Appointment: _____ Follow-Up Needed? _____

Date of Next Prenatal Appointment: _____ Child's Due Date: _____

Follow-up from last home visit:

PRENATAL TOPICS

- | | |
|--|---|
| ☐ Fetal Development | ☐ Benefits of Breast Feeding |
| ○ (including risks of alcohol, drugs, & smoking) | ☐ Dental Care |
| ☐ Labor and Delivery | ☐ Prenatal Health Care |
| ○ Child Birth Classes | ☐ Importance of Nutrition |
| ☐ Post-Partum Recovery | ☐ Family Planning |
| ☐ Maternal/Paternal Mood Concerns | ☐ Infant Care |
| ○ (Depression, Anxiety, Sleep disruption) | ☐ Safe Sleep Practices |
| ☐ Emotional Well Being/ | ☐ Substance Abuse Prevention |
| Nurturing/Responsive Caregiving | ○ (risks of alcohol, drugs, & smoking) |
| ☐ Father Engagement | ☐ Other _____ |
| | ○ (Edinburgh) |

PLAN/HANDOUTS

Plan (what we want to accomplish): P/C group, Health, Nutrition, MH, Literacy, Education, Employment

(FPA) This month I'm going to work on: _____

Upcoming Dates of Interest: _____

Referrals:

PLANNING FOR NEXT TIME

Next Home Visit:

Focus Area:

Visit missed/cancelled? _____

Home Visitor Signature: _____

(C: 06/10; R: 04/19)