

Help Me Grow Home Visiting Progress Note

Instructions: Complete at every home (or virtual) visit.		
Contact Information		
Date of Contact:	Start Time:	End Time:
Caregiver Name:	Type of Contact:	
Location of Contact:		
Present at Visit:		
Next Contact Date:		
Medical Information		
Change in Primary Caregiver Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Caregiver Currently Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did mother receive medical care since last service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes:		
Date	Location:	Reason:
Does anyone in the home smoke cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:		
Family Member:	No. of cigarettes per day:	Willing to quit in 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in the home smoke e-cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:		
Family Member:	Frequency:	
Does anyone in the home use any other tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:		
Family Member:	Smokes Tobacco:	
Child:	Is child currently insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has child received any immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Up to date on immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Completed all immunizations due for 0-5 months <input type="checkbox"/> Completed all immunizations due for 0-11 months <input type="checkbox"/> Completed all immunizations due for 0-17 months <input type="checkbox"/> Completed all immunizations due for 0-23 months <input type="checkbox"/> Completed all immunizations due for 24 months <input type="checkbox"/> 24-month immunizations not completed yet but scheduled with health care provider	If not up to date, why? <input type="checkbox"/> Not medically recommended <input type="checkbox"/> Parent choose not to <input type="checkbox"/> Vaccine unavailable due to shortage/delay <input type="checkbox"/> Appointment scheduled If appointment scheduled, date: _____	
Do you breastfeed your child (until 12 months)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did child receive medical care since last service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date:	Location:	Reason:
Which well child visit did you must recently complete?		

Visit Detail	
Curriculum Education: _____	Minutes: _____
Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No Minutes: _____	Family Plan Development/Review: <input type="checkbox"/> Yes <input type="checkbox"/> No Minutes: _____
Assessment/Screening: <input type="checkbox"/> Yes <input type="checkbox"/> No Minutes: _____	
<input type="checkbox"/> ACE <input type="checkbox"/> Environmental Checklist <input type="checkbox"/> ASQ-3 <input type="checkbox"/> HOME <input type="checkbox"/> ASQ:SE-2 <input type="checkbox"/> Edinburgh <input type="checkbox"/> Safe Sleep <input type="checkbox"/> Comprehensive <input type="checkbox"/> RAT <input type="checkbox"/> PSCO <input type="checkbox"/> PSI ISEL <input type="checkbox"/> CCI	
Do you have any behavioral concerns regarding your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child? (Please circle) 0 1 2 3 4 5 6 7	
Change in Primary Caregiver educational attainment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: Education Type _____	
Referral To: _____ _____ _____ _____ _____ Minutes: _____	Referral Follow-up: _____ _____ _____ _____ _____ Minutes: _____
(Optional) Additional known referrals (referrals family already is receiving):	
Referral type: _____ Date: _____ Referral type: _____ Date: _____	
Referral type: _____ Date: _____ Referral type: _____ Date: _____	
Narrative	
Notes:	
Observations:	
Plan:	

Healthy Families America Programs Only

Current Level: _____ PSCO Score: Mom _____ Dad _____

C (Cues):

H (Holding):

E (Expression):

E (Empathy):

R (Rhythm/Reciprocity):

S (Smiles):

Reflective Strategies Used:

Problem Talk

Normalizing

Strategic ATP

Feel, Felt, Found

Accentuating the Positives

N/A

Notes: