

Help Me Grow Home Visiting Infant Health Information

Family Name _____ OCHIDS # _____

Instructions: Due within 30 days of the date of birth for each child born during enrollment. If the child is already born at enrollment, due within 30 days of enrollment. If a child is more than 12 months of age at time of enrollment, form is not required to be completed.

Infant Health	
How much did the baby weigh at birth? ____ lbs./kg ____ oz/g	How many days was the baby in the hospital after delivery: _____
What were the birthing complications? (check all that apply) <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Congenital Defect <input type="checkbox"/> Preterm <input type="checkbox"/> <input type="checkbox"/> Low Birthweight <input type="checkbox"/> Neonatal Abstinence Syndrome <input type="checkbox"/> None	Did the baby receive any breastmilk for their first feeding? <input type="checkbox"/> Yes <input type="checkbox"/> No
If baby is breastfeeding, would you like additional support/education? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not currently breastfeeding	Was information provided about Claire's Law (Shaken Baby)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the baby have a pediatrician? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who:	
Do you have any barriers to keeping the child's well child visits? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what? (check all that apply) <input type="checkbox"/> Transportation <input type="checkbox"/> Childcare <input type="checkbox"/> Work schedule <input type="checkbox"/> Financial/Insurance issues
Have you attended/scheduled the postpartum visit (3-6 weeks)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not the mother answering If no: <input type="checkbox"/> Scheduled <input type="checkbox"/> Not scheduled	Are there any barriers to attending the postpartum care appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what? (check all that apply) <input type="checkbox"/> Transportation <input type="checkbox"/> <input type="checkbox"/> Childcare <input type="checkbox"/> Work schedule <input type="checkbox"/> Financial/Insurance