

**MATERNAL INFANT HEALTH PROGRAM (MIHP)
INFANT DISCHARGE SUMMARY**

Infant's Name: _____	Date of Birth: _____
Mother's Name: _____	
Caregiver's Name: _____	
Referral Source (Agency/Program/Medical Care Provider): _____	
Reason for Referral (High Risk Criteria): _____	
Date of Initial Assessment: _____	
Sent to Medical Care Provider <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Number of Visits By: ____RN ____SW ____RD	

Summary of MIHP Plan of Care Problems/Issues Addressed:

HEALTH INFORMATION

INFANT

- ☐ Premature birth
- ☐ Low birth weight
- ☐ Difficulties with access to medical care provider
- ☐ Well child visits

- ☐ Hospital admissions
- ☐ Special needs
- ☐ Unsatisfied with health care
- ☐ Unmet needs _____

MOTHER

- ☐ Lack of prenatal care
- ☐ No postpartum visits
- ☐ Problems with previous pregnancies

- ☐ Lack of family planning
- ☐ Lack of dental care
- ☐ Unmet needs _____

SMOKING

- ☐ Smoked during pregnancy
- ☐ Continues to smoke
- ☐ Unmet needs _____

IMMUNIZATION

- ☐ Infant: Up to date
- ☐ Preschooler(s): Up to date
- ☐ Exposure to _____
- ☐ Unmet needs _____

INFANT'S NUTRITION

- ☐ Insufficient weight gain
- ☐ Difficulties with breast-feeding
- ☐ Difficulties with bottle feeding
- ☐ Inappropriate eating patterns

- ☐ Digestive problems
- ☐ Inadequate baby formula/food
- ☐ Unmet needs _____

MOTHER'S/CAREGIVER'S NUTRITION

- ☐ Inappropriate eating patterns
- ☐ Inadequate food supply
- ☐ Unmet needs _____

Infant's Name: _____

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EMOTIONAL/MENTAL HEALTH INFORMATION

- ☐ Lack of knowledge about infant care
- ☐ Lack of acceptance of this pregnancy
- ☐ Lack of father involvement
- ☐ Lack of social supports
- ☐ Lack of child care
- ☐ Children's Protective Services involved
- ☐ Unusual stressors
- ☐ Unmet needs _____

- ☐ Lack of coping skills
- ☐ Symptoms of depression
- ☐ Diagnosis of mental illness
- ☐ Indicators of domestic violence
- ☐ Ineffective parent-child interaction
- ☐ Lag in developmental milestones

ENVIRONMENTAL INFORMATION

- ☐ Unsafe or inadequate housing
- ☐ Exposure to toxic substance such as:
☐ lead ☐ asbestos ☐ pesticides ☐ cleaners ☐ other _____
- ☐ Exposure to allergens
- ☐ No smoke detector
- ☐ Second-hand smoke
- ☐ Presence of weapon(s)
- ☐ Frequent moves
- ☐ Problems with money management
- ☐ Lack of proper car seat
- ☐ Unsafe sleeping arrangements
- ☐ Inadequate baby supplies
- ☐ Unmet needs _____

PARENTING EDUCATION

- ☐ Lack of parenting education
- ☐ Unmet needs _____

TRANSPORTATION

- ☐ Lack of transportation
- ☐ Unmet needs _____

OTHER:

REFERRALS MADE:

Signature of MIHP Care Coordinator: _____

Date: _____