1. Last Name	First Name	MI

2. Patient Number									
3. Date of Birth (MM/DD/YYYY)									
	Month		Day		Year				

4. Race ☐ American Indian or Alaska Native ☐ Asian
☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander
☐ Unknown ☐ White

5. Ethnic Origin ☐ Hispanic Cuban ☐ Hispanic Mexican American
☐ Hispanic Other ☐ Hispanic Puerto Rican
☐ Not Hispanic/Latino ☐ Unreported

6. County of Residence

N.C. Department of Health and Human Services
Division of Public Health • Women's and Children's Health Section

HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE

Newborn's Name: _____

Newborn's Birth Date: _____

Weight: _____ Gestational Age: _____

Outcome: ☐ discharged home ☐ in hospital ☐ died

Patient's Medicaid No.: _____

Educational Level: _____ Employed: ☐ Yes ☐ No

Type of Work: _____

Date of Return to Work: _____

Patient's Marital Status: ☐ S ☐ M ☐ Sep ☐ Div ☐ Widow

OBCM: ☐ Yes ☐ No

Telephone (___) _____

Relative/Contact Person:

Telephone (___) _____

Address:

_____

_____

_____

Does patient speak English? ☐ Yes ☐ No ☐ Staff Bilingual — If no, who will interpret?

Instructions: Prenatal and Labor and Delivery history should be reviewed prior to appointment.

☐ ***Check if Prenatal Record Available. If available, proceed to II***

I.	PRENATAL HISTORY	CODE	COMMENTS/TEACHING/HANDOUTS
	A. Source of Prenatal Care		
	B. When Prenatal Care Began		___ Weeks
	C. Drug Use: (Code as Y or N)		
	1. Tobacco (Cigarettes/Cigar/Cigarillos/ Chew/Snuff/Snus/Hookah/Strips/ Sticks/Orbs		
	2. Electronic Nicotine Device/Vaping		
	3. Alcohol		
	4. Illegal Drugs		
	5. Prescription/Over-the Counter Drugs Herbal Supplements/Remedies		
	D. STI/HIV (Code as Y or N)		
	E. GBS (Code as Y or N)		
	F. Hepatitis (Code as Y or N)		
	G. Prenatal Complications (Code as Y or N)		
II.	**INTRAPARTUM**	**CODE**	**COMMENTS/TEACHING/HANDOUTS**
	A. Gravida/Parity — G___P__ __ __ __		
	B. Place of Delivery	List site to right	
	C. Type of Delivery	Check box to right	☐ Vaginal ☐ C/S ☐ Vaginal with Assistance (Forcep/Vac)
	D. Problems During/After Delivery		
	E. Received Immunization(s) as indicated post-delivery	Check appropriate boxes to the right	☐ Influenza ☐ MMR ☐ Tdap ☐ Varicella ☐ N/A
III.	**INTERIM**	**CODE**	**COMMENTS/TEACHING/HANDOUTS**
	A. General Wellbeing (subjective)		
	B. Physical Activities/Fatigue		
	C. Emotional Status		
	D. Depression Screening Tool Completed (PHQ9 or EDPS)		

Codes: O = No Significant Problem; X = Significant Problem; Y = Yes; N = No; SN = See Notes; N/A = Not Applicable

Name: _____ DOB: _____

IV. BREASTFEEDING	CODE	COMMENTS/TEACHING/HANDOUTS
A. Yes/No		
B. Complications/Concerns		
C. Support Systems/Resources Available		
V. HOME & SOCIAL ENVIRONMENT	**CODE**	**COMMENTS/TEACHING/HANDOUTS**
A. Type/Condition of Dwelling (Describe)		
B. Number in Household		Adults: Children:
C. Water Supply/Plumbing		☐ Well ☐ City Water ☐ Indoor ☐ Outdoor Plumbing
D. Basic Family Need of Food & Clothing		
E. Stove and Refrigerator (Code Y or N)		
F. Electricity (Code Y or N)		
G. Environment/Safety Hazard		
H. Smoking—Home and/or Car (Code Y or N)		
I. Smoke/Carbon Monoxide Detectors (Code Y or N)		
J. Other		
VI. NUTRITION STATUS	**CODE**	**COMMENTS/TEACHING/HANDOUTS**
A. Appetite		
B. Vitamin/Mineral Supplement		
C. Adequate Food Supply		
D. Fluid Intake (64 fluid ounces daily) — preferably water		
VII. ELIMINATION	**CODE**	**COMMENTS/TEACHING/HANDOUTS**
A. Voiding/Bowel Function		
B. Hemorrhoids		
VIII. POSTPARTUM PHYSICAL ASSESSMENT	**CODE**	**COMMENTS/TEACHING/HANDOUTS**
This section may involve but does not require a hands on physical exam. If assessed or observed by RN then describe findings. However, if findings are WNL per "patient report" mark the box next to each item.		
A. General Appearance (objective)		*WNL ☐
B. T/P/R/BP		T - P - R - BP -
C. Pain Assessment Using VRNS (Patient's Reported #)		Patient's Current Level of Pain (0–10) _____
D. Breast/Nipples		*WNL ☐ Per Patient Report ☐
E. Abdomen — Incision(s)		*WNL ☐ Per Patient Report ☐
F. Uterus		*WNL ☐ Per Patient Report ☐
G. Lochia		*WNL ☐ Per Patient Report ☐
H. Episiotomy/Perineum		*WNL ☐ Per Patient Report ☐
I. Legs/Homan Sign		*WNL ☐ Per Patient Report ☐
J. Other		
IX. FAMILY RELATIONSHIPS	**CODE**	**COMMENTS/TEACHING/HANDOUTS**
A. Support Person	List relationship(s)	
B. Maternal-Infant Bonding	Observe and document	
C. Sexual Issues		
D. Interpersonal Violence		

*WNL – Within Normal Limits

Name: _____ DOB: _____

X. CONTRACEPTION	CODE	COMMENTS/TEACHING/HANDOUTS
A. Current Method	Document to the right	
B. Planned Method	Document to the right	
C. Plans for Spacing Children		☐ ≤ 3 yrs apart ☐ ≥ 5 yrs apart ☐ ___ yrs apart
XI. REFERRAL (Code as Y, N or N/A)	**CODE**	**COMMENTS/TEACHING/HANDOUTS**
A. WIC		
B. Medicaid		
C. Postpartum Exam/Family Planning		P.P. Exam - F.P. -
D. Care Coordination for Children (CC4C)		
E. Breastfeeding Support		
F. Parenting Classes		
G. Transportation		
H. *Be Smart* Medicaid for FP Services		
I. Newborn Assessment Completed		Yes ☐ No ☐ N/A ☐
J. Other		
XII. COORDINATION OF SERVICES	**CODE**	**Code this section using Y or N/A — If you check yes respond to the boxes to the right.**
A. Collaboration with OBCM (as indicated)		Prior to appointment ☐ Post appointment ☐ Date Completed _____
B. Collaboration with CC4C		Prior to appointment ☐ Post appointment ☐ Date Completed _____
C. Other		

Signature: _____ Date of Appointment: _____

DATE	NOTES

Purpose: To record findings from the home visit assessment of postpartum patient.

Preparation: To be completed on every postpartum patient for whom a home visit assessment was done.

Instructions: Complete according to guidelines provided in *Postpartum Home Visit Protocol*.

Disposition: Follow Schedule 5 of the *Records Disposition Schedule* published by the North Carolina Division of Archives and History.

Ordering: Additional forms may be ordered from:

DHHS
Women's and Children's Health Section
1929 Mail Service Center
Raleigh, NC 27699-1900
Courier #56-20-11
(919) 707-5700 FAX: (919) 870-4822

Codes: O = No Significant Problem; X = Significant Problem; Y = Yes; N = No; SN = See Notes; N/A = Not Applicable