

MIECHV Home Visit

Encounter Form *indicates required field

Program Name: _____ Home Visitor Name: _____

Participant Name: _____ Date form completed: _____

Participant ID#: _____ Time to complete form: _____

Completed for each home visit

*Date of Visit		*Location of Visit:	<input type="checkbox"/> Home	<input type="checkbox"/> Provider Location
*Total time of Visit			<input type="checkbox"/> Park	<input type="checkbox"/> Other: _____
*Miles to Visit one-way		Driving time to Visit		

*Home visit completion			*Next visit	
<input type="checkbox"/> Completed	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Staff Date: _____ Reason: _____	Date	
	<input type="checkbox"/> Attempted	<input type="checkbox"/> Family Date: _____ Reason: _____	Time	
		<input type="checkbox"/> Rescheduled Date: _____	Location	

*Activities planned for Visit (mins)		*Activities actually completed (mins)	
<input type="checkbox"/> Education: ____	<input type="checkbox"/> Child & family goal setting: ____	<input type="checkbox"/> Education: ____	<input type="checkbox"/> Child & family goal setting: ____
<input type="checkbox"/> Parent/child interaction: ____	<input type="checkbox"/> Domestic violence/safety planning: ____	<input type="checkbox"/> Parent/child interaction: ____	<input type="checkbox"/> Domestic violence/safety planning: ____
<input type="checkbox"/> Screening: ____	<input type="checkbox"/> Mental health support: ____	<input type="checkbox"/> Screening: ____	<input type="checkbox"/> Mental health support: ____
<input type="checkbox"/> Assessment: ____	<input type="checkbox"/> Referrals: ____	<input type="checkbox"/> Assessment: ____	<input type="checkbox"/> Referrals: ____
<input type="checkbox"/> Other: _____	mins: ____	<input type="checkbox"/> Other: _____	mins: ____

*Topics addressed (check all that apply)		
<input type="checkbox"/> Parental well-being and stress	<input type="checkbox"/> Health and safety	<input type="checkbox"/> Family development
<input type="checkbox"/> Mental health	<input type="checkbox"/> Child physical growth	<input type="checkbox"/> Parent-child interaction
<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Child nutrition	<input type="checkbox"/> Parenting
<input type="checkbox"/> Smoking cessation	<input type="checkbox"/> Oral health	<input type="checkbox"/> Discipline & Challenging behaviors
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Injury prevention	<input type="checkbox"/> Child approaches to learning
<input type="checkbox"/> Safety plan	<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Play
<input type="checkbox"/> Community resources	<input type="checkbox"/> Signs/symptoms of child illness	<input type="checkbox"/> Child communication
	<input type="checkbox"/> Use of medical services	
<input type="checkbox"/> Prenatal care		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Multi-vitamin use	<input type="checkbox"/> Child development	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Language development	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Family planning/inter-birth intervals	<input type="checkbox"/> Brain development	
<input type="checkbox"/> Fetal development	<input type="checkbox"/> Social-emotional development	

Materials left with family	
Family will do	
Home Visitor will do	

*Referrals Initiated	<input type="checkbox"/> NONE	*Referral Follow-Up
Agency:	Agency:	Prior Referral:
Date:	Date:	Status: Complete
Reason Referred:	Reason Referred:	Not Complete: _____

Notes	Client engagement:	Others involved in the home visit:
	<input type="checkbox"/> Not engaged <input type="checkbox"/> Somewhat engaged <input type="checkbox"/> Engaged <input type="checkbox"/> Very Engaged <input type="checkbox"/> Fully Engaged	<input type="checkbox"/> Other children <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Father <input type="checkbox"/> PSR Worker <input type="checkbox"/> Child welfare worker <input type="checkbox"/> Friend(s) <input type="checkbox"/> Foster parents <input type="checkbox"/> Child care provider <input type="checkbox"/> Early intervention <input type="checkbox"/> Other

Home Visitor Signature: _____

Family Signature: _____