

Date Medical Chart Record Started: _____ Staff: _____
 HSID: _____ 00 Client's Name: _____
 Current Age: _____

Status

Staff: _____ Date Updated: ___/___/_____ (Date of current visit)

Healthy Insurance Status: Medicaid MI-Child Private None

*HRSA /AHRQ Definition of medical home: "The primary medical home is accountable for meeting the majority of the patient's physical and mental health care needs (prevention, wellness, acute & chronic care); is relationship based & oriented toward the whole person; coordinate care across the broader system of specialty care, hospitals home health & community services/supports; is accessible and committed to quality & safety."

Medical Home Status: Yes No

If Yes,, Medical Home Description

Tribal Clinic Private Practice Community Health Center Hospital Based Primary Care Center

Remember Click "Save Status" Button on Database.

Update Date:	Health Insurance Status	Medical Home Status
	<input type="checkbox"/> Medicaid <input type="checkbox"/> MI-Child <input type="checkbox"/> Private <input type="checkbox"/> None *Note: Indian Health Service (IHS) is not considered Private Health Insurance. *Private Health insurance: includes supplemental insurance that is provided to an individual by a private insurer (whether purchased by an individual for him/herself and family, a Tribe for tribal members, or an employer for employees (example Blue Cross Blue Shield of Michigan)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Tribal Clinic <input type="checkbox"/> Private Practice <input type="checkbox"/> Community Health Center <input type="checkbox"/> Hospital Based Primary Care Center
	<input type="checkbox"/> Medicaid <input type="checkbox"/> MI-Child <input type="checkbox"/> Private <input type="checkbox"/> None	<input type="checkbox"/> Yes Tribal Clinic <input type="checkbox"/> No
	<input type="checkbox"/> Medicaid <input type="checkbox"/> MI-Child <input type="checkbox"/> Private <input type="checkbox"/> None	<input type="checkbox"/> Yes Tribal Clinic <input type="checkbox"/> No

Post Partum Care Visit Checklist (Automated Calculation in Table)

***Check if postpartum care visit was completed and mark Date completed

- Date of most recent birth (mm/dd/yy) _____
- Number of Months Postpartum: System generated.

Total Number of Possible Visits during Program Enrollment System generated.

Total Number of Completed Visits System generated.

POSTPARTUM MEDICAL CHART REVIEW

Postpartum/Annual Visit Schedule		Target Date System calculated	Check (x) if Completed	Date Completed
Post Delivery	6 Weeks			
Yearly Primary Care/Well Woman Visit	1 Year			
	2 Year			
	3 Year			
	4 Year			
	5 Year			

Emergency Room Visits:

Date of Visit _____ Reason _____

Date of Visit _____ Reason _____

Remember Click "Save ER" Button on Database.

Notes: