

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 <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 <input type="checkbox"/> No

Is this a High Risk Pregnancy? Yes. No

Prenatal Care Visit Checklist: (Automated Calculation in Table)

1. Weeks pregnant at first prenatal care medical visit: _____ *Determine how many weeks pregnant the client was at their first clinical prenatal care medical visit and fill it in below the chart on the datasytem.
2. Date of first clinical prenatal care visit completed: _____ *Enter the date when the first clinical prenatal care visit was completed.
3. Fill in the date of additional prenatal care visits as they are completed.
4. Weeks gestation at Delivery: _____ ***Complete before changing" client status" to Postpartum.**

PRENATAL MEDICAL CHART REVIEW

First Prenatal Visit (indicate week completed)		Target Date	Check (x) if Completed	Date Completed
Every 4 weeks for 1st 28 weeks	6-8 Weeks	System Calculated		
	9-12 Weeks			
	13-16 Weeks			
	17-20 Weeks			
	21-24 Weeks			
	25-27 Weeks			
Every 2-3 Weeks	28-30 Weeks			
	31-33 Weeks			
	34-36 Weeks			
Weekly Visits	37 Weeks			
	38 Weeks			
	39 Weeks			
	40 Weeks			
	41 Weeks			
	42 Weeks			

Total # of Possible Visits (based on Delivery Date and date of first prenatal visit): system calculated

Total Number of Completed Visits: system calculated

Emergency Room Visits:

Date of Visit _____ Reason _____

Date of Visit _____ Reason _____

Remember Click "Save ER" Button on Database.

Notes: