Maternal Health Program – Client Information

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| **Name:** |  | | | | | | | | | | | | **Date of Birth:** | | | | | | | |  | | | | | | **Due Date:** | | | | | |  | | | |
| **Address:** | | | | |  | | | | | | | | | | | | **Cell Phone:** | | | | | |  | | | | | | | **Other Phone:** | | | | | |  |
| **Household Size:** | | | | | |  | **Household Income:** | | | | | | | | |  | | | **Gender:** | | | | | *Male* | | *Female* | | | | | *Other* | |  |  | | |
| **Marital Status:** | | * *Unspecified* * *Unknown* * *Married* * *Single* * *Divorced* * *Widowed* * *Partner* * *Separated* * *Declined* | | | | | | **Education Level:** | | | * *Unspecified* * *Early Childhood* * *Grade School* * *Middle School* * *High School* * *Graduate H.S./GED* * *Some College* * *Vocational/Trade school* | | | | | | | | | * *Associate’s Degree* * *Bachelor’s degree or higher* * *College Graduate* * *Post Graduate* * *No Formal Education* * *Declined* * *Unknown* | | | | | | | | | **Employment Status:** | | | | | | * *Unspecified* * *Full-time* * *Part-time* * *Retired* * *Student* * *Unemployed* * *Not Employed* * *Declined* | |
| **Email:** |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Race: (select all)** | * *White* | | | | | | | | * *Black/African American* | | | | | | | | | * *American Indian/Alaska Native* | | | | | | | | | | | | | | * *Filipino* | | | | |
| * *Japanese* | | | | | | | | * *Korean* | | | | | | | | | * *Asian Indian* | | | | | | | | | | | | | | * *Chinese* | | | | |
| * *Vietnamese* | | | | | | | | * *Other Asian* | | | | | | | | | * *Native Hawaiian* | | | | | | | | | | | | | | * *Guamanian/Chamorro* | | | | |
| * *Samoan* | | | | | | | | * *Other Pacific Islander* | | | | | | | | | * *Declined* | | | | | | | | | | | | | | * *Other* | | | | |
|  | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| **Ethnicity** | | | | * *Not Hispanic/Latino* | | | | | | | | * *Mexican* | | | | | | | | | | *Mexican American* | | | | | | | | | | | | | | |
| * *Chicano/a* | | | | | | | | * *Puerto Rican* | | | | | | | | | | * *Cuban* | | | | | | | | | | | | | | |
| * *Other Hispanic/Latinx* | | | | | | | | * *Declined* | | | | | | | | | | * *Other* | | |  | | | | | | | | | | | |
| **Language Spoken at home:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you need an interpreter?** | | | | | | | | | | * *Yes* | | | | | * *No* | | | | | | | | | | | | | | | | | | | | | |

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| **Allergies?** | * *No* | | | * *Yes* | **Specify**: | | |  | | | | | | | | |
| **Current Medications:** | | |  | | | | | | | | | | | | | |
| **Do you have a regular source of care for this pregnancy?** | | | | | | * *Yes* | | | * *No* | **OB Provider:** | | |  | | | |
| **How did you hear about this program?** (select one) | | * *Friend or Family* | | | | | * *Advertising* | | | | * *Child Health* | | * *Coordinated Intake (Iowa Family Support Network)* | | | |
| * *Doctor/Health Care Provider* | | | | | * *Home Visiting* | | | | * *Hospital* | | | * *Local Community Resource* | | |
| * *Medicaid or Managed Care Organization* | | | | | * *School Nurse* | | | | * *Walk-in* | * *WIC* | | | * *Other* |  |

# Oral Health Information

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have a regular dentist? | * *Yes* | * *No* | | | When was your last dental visit? | | | | |  | |
| How do you pay for your dental care? | * *Medicaid/DWP* | | * *Private Dental Insurance* | | | | * *Self-Pay* | | * *Other* | |  |
| Do you have any oral concerns or problems? | | * *Yes* | | * *No* | | If yes please specify: | |  | | | |

# Education Topics

We always cover the following topics with all clients:

*Breastfeeding, Pregnancy and Postpartum danger signs and When to call your doctor or pediatrician for emergencies, Safe sleep, Nutrition and Physical activity, Seat belt safety, Tobacco use and keeping your infant safe from secondhand smoke, Dangers of Substance and Alcohol Use during pregnancy and around an infant, Medications during pregnancy, Preventing Infections- including infections passed through sexual activities, Seat belt and Car Seat use, Work and home environmental dangers that can impact pregnancy*

We want to make sure we talk about any education topics you would like to learn about. Select from the list below – you can choose as many as you want!

|  |  |  |
| --- | --- | --- |
| * Breastfeeding | | * Healthy Pregnancy and Postpartum- Moods and Emotions |
| * Formula and Bottle Feeding | |
| * Infant Care (Baths, Laundry, Doctor Visits) | | * Parenting |
| * Safe Sleep Environment | | * Healthy Postpartum- Taking care of your body |
| * Safe Home Environment | | * Family Planning or Birth Control after the baby is born |
| * Healthy Pregnancy and Postpartum Choices- Food and Exercise | |
| * How my baby is growing |
| * Anything else? |  | |

We want to help you be as successful as you can be. What are some things you would like help with?

|  |  |  |
| --- | --- | --- |
| * Housing information or help with rent | | * Finding a pediatrician for my baby |
| * Finding a crib, car seat or other baby items | | * Transportation |
| * Finding a mental health counselor | | * Finding day care |
| * Finding an OB provider | | * Finding a job or help with school |
| * Finding a dentist for me or my baby | | * Finding a program that helps with parenting |
| * Anything else? |  | |

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| **Provider:** |  | | **Signature:** |  | **Date:** |  |
| **Client Signature:** | |  | | | **Date:** |  |