|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Participant’s Name** |  | DOB |  | Medicaid #  |  |
| Expected Due Date or Date of Delivery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |  |  |
| Pre- Visit EPDS | Date |  | EPDS Score |  | Score ≥ 12[ ] Yes [ ] No | Score <20[ ] Yes [ ] No |
|  |  |
| Questions 10 on EPDS: Did client answer yes to question 10? Did she have thoughts of self-harm? [ ] Yes [ ] No | Does client worry she might harm her baby?[ ] Yes [ ] No |
| Is client under care of psychiatrist? [ ] Yes [ ] No | Is client currently receiving counseling? [ ] Yes [ ] No | Provider: |  |
| (if currently receiving counseling, not eligible for LV) |
| Is client on medication to treat depression? [ ] Yes [ ] No | Medication(s): |  | Date Started |  | Are medications helping? [ ] Yes [ ]  No |
|  |  |
|  |
| Bi-Polar? [ ] Yes [ ]  No | Displayed psychotic symptoms [ ] Yes [ ]  No |  Active use of illegal drugs? [ ]  Yes [ ] No  |
| [ ]  Accepted LV | [ ] Accepted Mental Health referral to therapist | [ ]  Accepted referral to Support/Therapy Group |
| [ ] Declined LV/MH referral | [x] Does not meet LV Criteria | Reason: |  |
|  |
| **Session 1** | Date |  | Time In |  | Referrals |  |
| [ ] Listening [ ]  Problem Solving | Time Out |  |
| Location where services were provided: Client’s affect and reported mood: |
| Notes/Themes Discussed: |
| [ ]  Reinforced family strengthsList identified strengths: |
| Staff Signature/Credentials  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Session 2** | Date |  | Time In |  | Referrals |  |
| [ ]  Listening [ ]  Problem Solving | Time Out |  |
| Location where services were provided: Client’s affect and reported mood: |
| Notes/Themes Discussed: |
| [ ]  Reinforced family strengthsList identified strengths: |
| Staff Signature/Credentials |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Session 3** | Date |  | Time In |  | Referrals |  |
| [ ] Listening [ ]  Problem Solving | Time Out |  |
| Location where services were provided: Client’s affect and reported mood: |
| Notes/Themes Discussed: |
| [ ]  Reinforced family strengthsList identified strengths: |
| Staff Signature/Credentials |
| **Session 4** | Date |  | Time In |  | Referrals |  |
| [ ] Listening [ ]  Problem Solving | Time Out |  |
| Location where services were provided: Client’s affect and reported mood: |
| Notes/Themes Discussed: |
| [ ]  Reinforced family strengthsList identified strengths: |
| Staff Signature/Credentials |

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| --- | --- | --- | --- | --- | --- | --- |
| **Session 5** | Date |  | Time In |  | Referrals |  |
| [ ] Listening [ ]  Problem Solving | Time Out |  |
| Location where services were provided: Client’s affect and reported mood: |
| Notes/Themes Discussed: |
| [ ]  Reinforced family strengthsList identified strengths: |
| Staff Signature/Credentials |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Session 6** | Date |  | Time In |  | Referrals |  |
| [ ] Listening [ ]  Problem Solving | Time Out |  |
| Location where services were provided: Client’s affect and reported mood: |
| Notes/Themes Discussed: |
| [ ]  Reinforced family strengthsList identified strengths: |
| Staff Signature/Credentials |

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| --- | --- | --- | --- | --- | --- | --- |
| **Post LV EPDS** | Date: |  |  | Score: |  |  |
| If LV not completed, reason: |  |
| Aftercare:  | [ ]  Accepted Mental Health Referral [ ]  Attending a Group [ ]  Continuing with medication[ ]  No further services needed at this time |
| [ ]  Other: |  |
|  |  |  |
| Staff Signature/Credentials |