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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | 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 strengths  List identified strengths: | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff Signature/Credentials | | | | | | | | | | | | | | | | | | | | | | | | |

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| **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 strengths  List identified strengths: | | | | | | |
| Staff Signature/Credentials | | | | | | |

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| **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 strengths  List 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 strengths  List 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 strengths  List identified strengths: | | | | | | |
| Staff Signature/Credentials | | | | | | |

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| **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 strengths  List 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 | | | | | | | | |