

Home Visitor's Name:		EHS 1st TRIMESTER HOME VISIT RECORD				
HOME VISIT PLAN FOR: Month_____ Year_____		Social Dates	Mo. HV's Possible	Mo HV's Comp	Staff Cancel Date(s)	Family Cancel Date(s)
Pregnant Mom's Name :		/				
1st 2nd 3rd Month (circle) DUE DATE:						
Curriculum	Weekly Content			Birth Plan / Planning & Follow-up		
Education:	HV #			Date:		
Curriculum PAT_____ (2x per month) Florida/Triple P Benefits of breastfeeding Healthy babies assessment tool (4P's) How big is my baby How is my baby developing Nurturing and responsive caregiving				Prenatal visit dates: Dental appt:		
Nutrition/Dental:	HV #			Date:		
Nourishment for you and the baby UC Davis Lesson # Importance of dental care during pregnancy Morning sickness How mother's food nourishes the baby						
PFCE/School Readiness/Transitions:	HV #			Date:		
Pregnancy journaling Father Engagement Policy Council FPA/SR monthly f/up Web activities Socials						
Health/Safety:	HV #			Date:		
How smoking can hurt the baby How drugs and alcohol can hurt the baby Prenatal care Accessing WIC services Infant care and safe sleep practices						
Mental Health/Social Service:	HV #			Date:		
Positive / affirmations during pregnancy Family Opportunity and Interest Assessment (FOIA) Individual Transition Plan (ITP) Accepting the pregnancy Coping with Stress Edinburgh Depression Assessment Accessing substance abuse treatment						
PARENT COMMENTS:				Family Strength:		
Parent's Signature:_____Date:_____						