

Home Visitor's Name:		EHS 2nd 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 :		/				
4th 5th 6th Month (circle)	DUE DATE:					
Curriculum	Weekly Content		Birth Plan / Planning & Follow Up			
Education: Curriculum PAT_____ (2x per month) Florida/Triple P Benefits of breastfeeding Nurturing and Responsive caregiving How big is my baby How is my baby developing Childbirth preparation	HV # _____ Date: _____		Prenatal visit dates: Dental appt:			
Nutrition/Dental: Nourishment for you and the baby UC Davis Lesson # Importance of dental care during pregnancy Morning sickness How mother's food nourishes the baby	HV # _____ Date: _____					
PFCE/School Readiness/Transitions: Pregnancy journaling Father Engagement Policy Council FPA/SR monthly f/up Web activities Socials	HV # _____ Date: _____					
Health/Safety: How smoking can hurt the baby How drugs and alcohol can hurt the baby Prenatal care Accessing WIC services Discomforts of pregnancy/Weight gain Infant care and Safe sleep practices Signs of preterm labor	HV # _____ Date: _____					
Mental Health/Social Service: Positive / affirmations during pregnancy Family Opportunity & Interest Assessment (FOIA) Individual Transition Plan (ITP) Accepting the pregnancy Coping with Stress Edinburgh Depression Assessment Accessing substance abuse treatment	HV # _____ Date: _____					
PARENT COMMENTS: Parent's Signature:_____ Date:_____			Family Strength:			