

**FORWARDHEALTH  
 PRENATAL CARE COORDINATION CARE COORDINATOR VISIT CHECKLIST**

**INSTRUCTIONS:** Type or print clearly. This is an optional form that prenatal care coordination (PNCC) care coordinators can use to prepare for and document member visits. The care coordinator checklist can be used to prepare for visits, as a guide for conversations during the visit, or to record topics discussed at the visit. Use the provided checkboxes to record relevant information, including what topics will be discussed with the member or what topics were discussed, if completed after the member contact.

**SECTION I – MEMBER AND PROVIDER INFORMATION**

Name – Member (Last, First, Middle Initial)

Name and Title – Provider

Name – PNCC Provider

Member Medicaid ID Number

**SECTION II – CARE COORDINATOR CHECKLIST**

Check the boxes for the activities or items related to the provider visit.

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| <b>Date:</b>  |  |  |  |  |  |  |  |
| <b>Location of Contact:</b>   |  |  |  |  |  |  |  |
| Office Visit  |  |  |  |  |  |  |  |
| Home Visit  |  |  |  |  |  |  |  |
| Telehealth Visit  |  |  |  |  |  |  |  |
| Other (Specify): _____  |  |  |  |  |  |  |  |
| <b>Gestational or Infant Age</b>  |  |  |  |  |  |  |  |
| <b>Member Needs Discussion</b>  |  |  |  |  |  |  |  |
| Continue discussing member concerns and member strengths                            |  |  |  |  |  |  |  |
| Continue screening for abuse, stress, or need for mental health and social services |  |  |  |  |  |  |  |
| Continue to focus on prioritized member care needs and action steps in care plan    |  |  |  |  |  |  |  |
| Continue to discuss social support with member                                      |  |  |  |  |  |  |  |
| <b>Health Education / Nutrition Counseling</b>                                      |  |  |  |  |  |  |  |
| Refer to or continue nutrition counseling   |  |  |  |  |  |  |  |
| Refer to or continue health education   |  |  |  |  |  |  |  |
| Discuss managing common discomforts   |  |  |  |  |  |  |  |
| Discuss risks to avoid, including medications or chemicals                          |  |  |  |  |  |  |  |
| Discuss smoking, alcohol, or drug use   |  |  |  |  |  |  |  |
| Discuss any warning signs during pregnancy  |  |  |  |  |  |  |  |
| Discuss symptoms of preterm labor   |  |  |  |  |  |  |  |
| Discuss when and where to go if there are signs of labor                            |  |  |  |  |  |  |  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Prepare for labor and birth   |  |  |  |  |  |  |  |
| Discuss breastfeeding   |  |  |  |  |  |  |  |
| Promote prenatal and parenting classes  |  |  |  |  |  |  |  |
| Discuss maternal seatbelt use and infant car safety   |  |  |  |  |  |  |  |
| <b>Referrals for Resources</b>  |  |  |  |  |  |  |  |
| <b>Basic Needs (Food, Clothing, Housing)</b>  |  |  |  |  |  |  |  |
| Make sure member has access to appropriate food, clothing, and housing, and provide referrals if necessary  |  |  |  |  |  |  |  |
| <b>Transportation Assistance</b>  |  |  |  |  |  |  |  |
| Make sure member has access to suitable transportation (for example, public transportation, Medicaid non-emergency medical transportation, or personal vehicle) |  |  |  |  |  |  |  |
| <b>Childcare Assistance</b>   |  |  |  |  |  |  |  |
| Contact or refer to childcare assistance  |  |  |  |  |  |  |  |
| Other, specify:   |  |  |  |  |  |  |  |
| <b>Other Communications</b>   |  |  |  |  |  |  |  |
| Communicate with primary care provider  |  |  |  |  |  |  |  |
| Determine if client needs extra appointment reminders and follow up   |  |  |  |  |  |  |  |
| Communicate with referral providers   |  |  |  |  |  |  |  |
| Communicate with collateral contacts  |  |  |  |  |  |  |  |
| <b>Submit New Referrals</b>   |  |  |  |  |  |  |  |
| <b>Other:</b>   |  |  |  |  |  |  |  |