Steps Ahead

CARE COORDINATOR SERVICE REPORT

Patient Information

Name (Last, First, MI):	Current Medicaid ID #:	
SS#:	Date of Birth:	County Code:

Care Coordination

Psychosocial/Medical Risks:

Was patient high risk? ☐ High ☐ Low **If yes,** ☐ N/A ☐ Medical ☐ Psychosocial ☐ Both

Date of Enrollment:_____ **Date of Delivery:** _____ **EDC** _____

Pregnancy Planned: ☐ Yes ☐ No **Attended Childbirth Class:** ☐ Yes ☐ No

Smoking Cessation Form Completed: ☐ Yes ☐ No **Diabetic Counseling:** ☐ Yes ☐ No ☐ N/A

Continue to cease smoking during pregnancy until PP visit? ☐ Yes ☐ No

Date #1 _____ Date #2 _____ Date #3 _____ Form Completed: ☐ Yes ☐ No

Care Coordinator Encounters:

	Date	CC Performing Encounter	Type of Encounter	GA (Weeks)
First CC Encounter (T1016U1):	_____	_____	_____	_____
Optional Encounter (T1016U2):	_____	_____	_____	_____
Optional Encounter (T1016U3):	_____	_____	_____	_____
Postpartum Encounter (T1016U4):	_____	_____	_____	_____

Postpartum Medical Exam Completed: ☐ Yes ☐ No **Date** _____ **Type of Visit** ☐ Post Partum ☐ Family Planning

Total # of Complete Encounters: _____

Describe any unsuccessful encounters: (Date of Attempts & Type of Attempts)

_____

_____

If PP encounter missed in the hospital was it done within 20 days of delivery: ☐ Attempted HV ☐ Doctors Office ☐ Home Visit ☐ Not Completed

Was family planning or PP visit completed prior to the 60th post partum day? ☐ Yes ☐ No

If Yes, type of visit ☐ Post Partum ☐ Family Planning

Post Delivery Information

PP Birth Control: (Identified through PP exam or through CC encounters)

☐ Condoms ☐ Other: _____
☐ Implant ☐ Patch
☐ Injection ☐ Pills
☐ IUD ☐ Sterilization
☐ None ☐ Vaginal Ring

Referred for Home Visit: ☐ Attempted ☐ No ☐ N/A ☐ Yes

Date Home Visit Completed:_____

CC records sent to DHCP: ☐ Yes ☐ No

Grievance/Complaint Filed: ☐ Yes ☐ No

Breast Feeding at hospital discharge? ☐ Yes ☐ No

Breast Feeding at PP visit? ☐ Yes ☐ No

_____ _____ _____

Care Coordinator **Practice/Site** **Date**

Submit with delivery claim to Steps Ahead at
P.O. Box 55947, Birmingham, AL 35255-5947