

# High Risk Care Plan - BF/PP Worksheet

## Group Data

Caregiver Last: \_\_\_\_\_ Caregiver First: \_\_\_\_\_ MI \_\_\_\_\_

Alternate Last: \_\_\_\_\_ Alternate First: \_\_\_\_\_ MI \_\_\_\_\_

Phone: \_\_\_\_\_ Msg.Phone: \_\_\_\_\_ Phone Notes: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_  City  County

Mail: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Needs: \_\_\_\_\_ Interpreter: \_\_\_\_\_

Racial Ethnic Background: \_\_\_\_\_  Homeless

\_\_\_\_\_  Migrant

Date Service Provided: \_\_\_\_\_ Provider Type:  WIC  MSS  Other \_\_\_\_\_

Prof. Interpreter Used  Paper Copy Delivery Date: \_\_\_\_\_

## SUBJECTIVE

Medical Provider: \_\_\_\_\_ Med. Complications per MD: \_\_\_\_\_

Plans to work:  N/A  FT  PT Hours/wk: \_\_\_\_\_ Support: \_\_\_\_\_

Food Supply:  Adequate  Inadequate

Psychosocial Concerns: \_\_\_\_\_

Recent Health Concerns: \_\_\_\_\_

## OBJECTIVE

### Measures

Date measured: \_\_\_\_\_ Height: \_\_\_\_\_ - \_\_\_\_/8 Weight: \_\_\_\_\_ lb. \_\_\_\_ oz. Pre-Preg. Wt: \_\_\_\_\_

Date measured: \_\_\_\_\_ Height: \_\_\_\_\_ - \_\_\_\_/8 Weight \_\_\_\_\_ lb. \_\_\_\_ oz. BMI: \_\_\_\_\_

Total Weight Gain: \_\_\_\_\_

Date Hct/Hgb Taken: \_\_\_\_\_ Hct. \_\_\_\_\_ Hgb. \_\_\_\_\_ Notes \_\_\_\_\_

Meds: \_\_\_\_\_ Other: \_\_\_\_\_

PN Vitamins  Iron  Minerals

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## ASSESSMENT

**Nutritional Concern:** \_\_\_\_\_

## PLAN

**Client's Goal:** \_\_\_\_\_

**Program Goal:** \_\_\_\_\_

**Reinforce** \_\_\_\_\_

**Receive Instruction On:** \_\_\_\_\_

**Recheck:**     **Hct./Hgb.**         **Diet**         **Weight**

## I: NUTRITION EDUCATION

Date	Topics	Handouts

## I: CLIENT REFERRALS

Service	Has	Ref	Has App	NI	Service	Has	Ref	Has App	NI	Other
TANF					Doctor					
Medicaid					Dentist					
Food Stamps					Immunizations					
Child Support Enf.					Family Planning					
Other _____					Other _____					

## EVALUATION

## NOTES

**Food Package** \_\_\_\_\_ **Food Package Modifications:** \_\_\_\_\_

**Registered Dietitian:** \_\_\_\_\_



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