

Communication Form: Resource Mothers Program

Resource Daughter ID#

Date of Contact:

Resource Mother:

Home Visit:___ Phone:___

Who initiated the contact? ___ Resource Mother ___ Resource Daughter

Were you well received? ___ Yes ___ No

Was the appointment kept? ___ Yes ___ No

Who else was present at this visit?

BRIEFLY, what transpired during this contact with your Resource Daughter?

___ Cooked

___ Shopped (Groceries, etc.)

___ PKU Clinic Visit

___ Brought food

___ Provided Emotional Support

___ Hospital/Other Clinical Visit

___ Went out for activity

___ Visited Daughter/Baby

___ Helped Obtain Services

Comments:

Are there any concerns, questions, issues that need to be addressed by the Resource Mother's Program Staff? If yes, what are they?

Are there any concerns, questions, issues that need to be addressed by the staff at the clinic which follows your Resource Daughter? If yes, what are they?

Please rate this contact in terms of the following scales:

Intervention for the Resource Daughter?

1 2 3 4 5
Not Productive.....Productive

How was the contact for the Resource Mother?

1 2 3 4 5
Frustrating/Depressing.....Pleasant/Fulfilling

Please retain a third copy for your notes. Send the original and second copy to the Resource Mother's Staff. The second copy will be sent to the Resource Daughter's Clinic. Questions/comments will be forwarded to the appropriate person for follow-up.