

Prenatal Monthly Contact/Visit Report Form

Mentor Name: _____ Region: _____

Type of Contact/Visit: In Person Visit Virtual Visit No Visit, But Made Contact

Date of Contact/Visit: ___/___/___ Lesson(s) Covered: _____

Mom's Information

Name: _____

Has mom's contact information changed? No Yes If yes, please update below:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ (Cell): _____

Have you been in contact with the mom since your last mentor visit? No Yes

If yes, how?: ___Phone ___Text(s) ___Email(s) ___Mail ___Social Media ___Food Delivery ___Diaper Delivery

How many months pregnant is the mom today? _____ Due Date: _____

Does the mom have concerns about any of the following? Spiritual Concerns

Medical Concerns Emotional Concerns Social Concerns

Other, please specify: _____

Were you able to help the mom with this? No Yes

If yes, specify how: _____

Mom's Program Goals

I. Health Promotion:

- Mom is receiving care from a doctor/health care provider. No Yes

II. Bonding/Parenting:

- Mom has assumed maternal role or shown bonding to infant. No Yes
- Mom has made preparations for the infant's arrival. No Yes
- Mom shows interest in/completes educational materials. No Yes

III. Support System:

- Mom feels like she has an adequate support system. If No Yes
yes, who is included in her support network?
 Family Friends Church Other If other, specify _____
- Is One by One adding value to Mom's support system? No Yes
If yes, explain: _____
- Did Mom apply/receive any community resources this month? No Yes
Check all that apply: WIC TennCare Medicaid Housing Assistance
 Food Assistance Other: _____

IV. Spiritual Journey:

- Does mentor feel like Mom is making progress spiritually? No Yes
If yes, explain:

- Mom showed interest in Target Verse. No Yes
- Mom expressed prayer concerns. No Yes
- Mom prayed to accept Christ as her Savior. If so, No Yes
list date: _____
- Mom attended/joined church No Yes
If so, specify church: _____

Follow Up

What was your total travel time (to and from visit)? _____

What was your prep time for this visit? _____ How long was this visit? _____

- We need photos! Please take a picture from your visit today and email it to admin@onebyoneusa.org or text it to your Regional Ministry Director/Coordinator.
- We need testimonies from you and/or your Mom. Use the lines below or email admin@onebyoneusa.org to share a testimony. Thank you!

Mentor comments/concerns: _____

