Prenatal Visit Form

Mentor Name: _____ **Region:** _____

Visit Location: ☐ Mom's Home ☐ Pregnancy Center ☐ Health Clinic ☐ Other: _____

Visit Date: __ __/__ __/__ __ __ __ **Lesson(s) Covered:** _____

Participant's Information **Name**: _____

Has participant'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 participant since your last mentor visit? ☐ No ☐ Yes

Mark all that apply: ☐ Phone ☐ Text(s) ☐ Email(s) ☐ Card/letter ☐Social Media ☐In-person

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

Does participant have concerns about any of the following? ☐ Spiritual Concerns

☐ Medical Concerns ☐ Emotional Concerns ☐ Social Concerns

☐ Other, please specify: _____

Were you able to help the participant with this? ☐ No ☐ Yes

If yes, specify how: _____

Participant's Program Goals

I. Health Promotion:

- Participant has visited doctor/health care provider since your last visit. ☐ No ☐ Yes

II. Bonding/Parenting:

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

III. Support System:

- Participant feels like she has an adequate support system. ☐ No ☐ Yes
  If yes, who is included in the participant's support network?
  ☐ Family ☐ Friends ☐ Church ☐ Other If other, specify _____
- Is One by One adding value to Participant's support system? ☐ No ☐ Yes
  If yes, explain: _____
- Did Participant 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 Participant is making progress spiritually? ☐ No ☐ Yes
  If yes, explain: _____
- Participant showed interest in Target Verse. ☐ No ☐ Yes
- Participant expressed prayer concerns. ☐ No ☐ Yes
- Participant prayed to accept Christ as her Savior. ☐ No ☐ Yes
  If so, list date: _____
- Participant 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 Participant Mom. Use the lines below or email admin@onebyoneusa.org to share a testimony. Thank you!

Mentor comments/concerns: _____

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