

# Maternal Health Home Assessment

## General Information

Date of Assessment

Assessor Name

Client Name

Age

## Pregnancy Information

Gestational Age (weeks)

Estimated Due Date

Parity (Number of previous pregnancies)

## Medical History

Medical Conditions

Current Medications

Allergies

## Home Environment

Living Conditions

Water Supply & Sanitation

## Physical Assessment

Blood Pressure (mmHg)

Pulse (bpm)

Temperature (°C)

General Exam Notes

## Social Support

Family Support

Community Resources Accessed

## Education/Counseling Provided

## Recommendations & Plan

