**Accompanied Home Visit**

**Section D: Record of themes explored**

Nurse Name:……………………………………………………………………………………………

Supervisor Name…………………………………………………………………………………………

Period covered: (e.g. Jan 2019-Jan 2020)………………………………………………………………

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| **Record of Thematic Areas explored** | | |
| **Area Number/Name** | **Date of AHV** | **Completed √** |
| Area 1/Visit preparation |  |  |
| Area 2/ Review of progress with client |  |  |
| Area 3/ NFP Spirit and ethos |  |  |
| Area 4/Engagement |  |  |
| Area 5/Agenda matching |  |  |
| Area 6/Communication style |  |  |
| Area 7 Change talk and planning for change |  |  |
| Area 8/Use of NFP program materials |  |  |
| Area 9/PIPE lesson |  |  |
| Area 10/DANCE |  |  |
| Area 11/Client progress with reaching program outcomes |  |  |
| Area 12/Keeping the focus of the visit on the baby/child |  |  |
| Area 13/ Inclusion of the father of the baby/partner and other family members in the visit |  |  |
| Area 14/Any additional significant reflections/observations |  |  |

This form will be stored and retained in line with local governance agreement