ID number: _____

"SAFE ARMS FOR NEWBORNS"
Medical Questionnaire

NOTICE: THE BABY YOU HAVE BROUGHT IN TODAY MAY HAVE SERIOUS MEDICAL NEEDS IN THE FUTURE THAT WE DON'T KNOW ABOUT TODAY. SOME ILLNESSES, INCLUDING CANCER, ARE BEST TREATED WHEN WE KNOW ABOUT FAMILY MEDICAL HISTORIES. IN ADDITION, SOMETIMES RELATIVES ARE NEEDED FOR LIFE-SAVING TREATMENTS. TO MAKE SURE THIS BABY WILL HAVE A HEALTHY FUTURE, YOUR ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE FULLY IS ESSENTIAL.

ALL INFORMATION WILL BE CONFIDENTIAL AND WILL BE USED ONLY TO HELP CARE FOR THE BABY.

THANK YOU

1. Has the baby been named? ❒ Yes ❒ No
   If yes, what is the baby's name? _____
2. What was the date, time, and place of the baby's birth?
   Date: _____ Time: _____ Place: _____
3. How much did the baby weigh at birth? _____
4. Has the baby been breast-fed? ❒ Yes ❒ No
   If yes, how long? _____ When was the baby last fed? _____
5. Has the baby been fed baby formula? ❒ Yes ❒ No
   If yes, what is the name of the formula? _____
6. How long was the labor with this baby? _____
7. Did the birth mother see a doctor during this pregnancy? ❒ Yes ❒ No
   If yes, when did she first see the doctor? _____
   How many times during the pregnancy was the birth mother seen by a doctor? _____
8. Did a pediatrician examine the baby at birth? ❒ Yes ❒ No
9. Has a doctor seen the baby since its birth? ❒ Yes ❒ No
   If yes, when? _____
10. Did the birth mother smoke cigarettes during this pregnancy? ❒ Yes ❒ No
    If yes, how often? _____
11. Did the birth mother drink alcohol during this pregnancy? ❒ Yes ❒ No
    If yes, how often? _____
12. Did the birth mother take any over-the-counter or prescription medication during this pregnancy? ❒ Yes ❒ No
    If yes, what medications? _____ How often? _____
13. Did the birth mother use any illegal or "street" drugs during this pregnancy? ❒ Yes ❒ No
    If yes, what? _____ How often? _____
14. Has the birth mother been pregnant before? ❒ Yes ❒ No
    If yes, how many times? _____
    Were there complications with any of the pregnancies or births? ❒ Yes ❒ No
    Please explain: _____
    _____
15. What race/ethnicity are the baby's parents? Mother: _____ Father: _____
    Does the baby have Native American ancestry? ❒ Yes ❒ No
    If yes, what is the name of the tribe? _____

ID number: _____

Please tell us if the birth mother, birth father, or any of their relatives had or now have any of the medical conditions listed below.

TYPE OF ILLNESS	RELATIONSHIP TO THE CHILD (Mother, Father, Grandparent, Aunt, Uncle)	AGE ILLNESS BEGAN
❒ HIV or AIDS		
❒ Sexually transmitted disease What kind?_____		
❒ Cancer What kind?_____		
❒ Epilepsy		
❒ Mental Illness What kind?_____		
❒ High blood pressure		
❒ Heart disease		
❒ Diabetes		
❒ Cystic fibrosis		
❒ Kidney problems What kind: _____		
❒ Hearing, vision, or speech problems What kind?_____		
❒ Asthma		
❒ Tuberculosis		
❒ Sickle cell disease		
❒ Learning delays/special education What kind?_____		
❒ Allergies What kind?_____		
❒ Other What?_____		

Please provide any additional information that might help us provide the baby with the best health care now or in the future. (You may use an additional page.)