"SAFELY SURRENDERED BABY"
Medical Questionnaire

THANK YOU FOR CHOOSING TO GIVE THIS BABY A SAFE AND SECURE FUTURE

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. THANK YOU.

Please remember that these questions will allow us to provide the best supportive care possible to the baby. If you need help answering any of the questions, please ask. If you are uncomfortable answering any of the questions, skip them and answer the rest. Any information you provide will benefit the baby.

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

1. What were the date, time and place of the baby's birth?
   Date: ____________ Time: ____________ ☐ a.m. ☐ p.m. Place: ____________
2. Was the baby born early (premature)? ________ Late? ________ Unknown Due Date? ____________
3. Did the baby have any trouble starting to breathe? ☐ Yes ☐ No
4. Has the baby been breast fed? ☐ Yes ☐ No
   If yes, how long? ____________ When was the baby last fed? ____________ ☐ a.m. ☐ p.m.
5. Has the baby been fed formula? ☐ Yes ☐ No
   If yes, how long? ____________ When was the baby last fed? ____________ ☐ a.m. ☐ p.m.
6. Did the birth mother see a doctor during pregnancy? ☐ Yes ☐ No
   If yes, when did she first see the doctor? ____________
   How many times did she see the doctor during pregnancy? ____________
7. Was the birth attended by a physician, midwife, nurse or other health care professional? ☐ Yes ☐ No
8. Has a doctor seen the baby since birth? ☐ Yes ☐ No
   If yes, when? ____________
9. Did the birth mother smoke cigarettes during the pregnancy? ☐ Yes ☐ No
   If yes, how often? ____________
10. Did the birth mother drink alcohol during the pregnancy? ☐ Yes ☐ No
    If yes, how often? ____________
11. Did the birth mother take over the counter or prescription medication during the pregnancy? ☐ Yes ☐ No
    If yes, what type? ____________ How often? ____________
12. Did the birth mother take recreational or "street" drugs during the pregnancy? ☐ Yes ☐ No
    If yes, what type? ____________ How often? ____________
13. Has the birth mother been pregnant before? ☐ Yes ☐ No
    If yes, how many times? ____________
    Were there any problems with any of those pregnancies or births? ☐ Yes ☐ No
    Please explain ____________
14. Race/ethnicity of the baby's parents: Mother ____________ Father ____________
15. Does the baby have any Native American ancestry? ☐ Unknown ☐ Yes ☐ No
    If yes, what is the name of the tribe? ____________ From what state? ____________

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) Please state if relative is mother's or father's	AGE ILLNESS BEGAN
☐ HIV or AIDS	☐ Mother's ☐ Father's	
☐ Sexually Transmitted Disease What kind? ______	☐ Mother's ☐ Father's	
☐ Cancer What kind? ______	☐ Mother's ☐ Father's	
☐ Epilepsy	☐ Mother's ☐ Father's	
☐ Mental Illness What kind? ______	☐ Mother's ☐ Father's	
☐ High Blood Pressure	☐ Mother's ☐ Father's	
☐ Heart Disease	☐ Mother's ☐ Father's	
☐ Diabetes	☐ Mother's ☐ Father's	
☐ Cystic Fibrosis	☐ Mother's ☐ Father's	
☐ Kidney Problems What kind? ______	☐ Mother's ☐ Father's	
☐ Hearing, vision, or speech problems What kind? ______	☐ Mother's ☐ Father's	
☐ Asthma	☐ Mother's ☐ Father's	
☐ Tuberculosis	☐ Mother's ☐ Father's	
☐ Sickle Cell Disease	☐ Mother's ☐ Father's	
☐ Learning delay/special education	☐ Mother's ☐ Father's	
☐ Allergies What kind? ______	☐ Mother's ☐ Father's	
☐ Arthritis What kind? ______	☐ Mother's ☐ Father's	
☐ Other What kind? ______	☐ Mother's ☐ Father's	

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) ______