

NEWBORN MEDICAL HISTORY QUESTIONNAIRE

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 answer these questions as well as you can. If you need help answering the questions, please ask.

**A self-addressed /stamped envelope will be provided in the event the parent wishes to leave prior to answering these questions. **

Answer each section.

1. When the baby was born, was the mother 35 years of age or older? No Yes Unknown
(Mothers actual age if known _____)

Where the baby's ancestors came from may sometimes give us important information about the baby's health.

2. Did the mother receive prenatal care? No Yes Unknown
3. Was the baby delivered by a medical professional? No Yes Unknown
4. Did she have any other problems or complications during pregnancy? No Yes Unknown
5. Is the baby less than 72 hours old? No Yes Unknown
6. Did the mother have diabetes? No Yes Unknown
7. During this pregnancy, has the mother taken:
- a) Medications for seizures? (examples; Dilantin, Depakene, Tegretol, Atretol, Mysoline, Tridione) No Yes Unknown
- b) Lithium for depression? No Yes Unknown
- c) Pills (Accutane, Isotretinoin) for acne? No Yes Unknown
8. Did the mother during pregnancy, use?
- a) Alcohol? No Yes Unknown
- b) Cocaine? No Yes Unknown
- c) Heroine? No Yes Unknown
- d) Methamphetamine? No Yes Unknown
- e) Tobacco? No Yes Unknown

The following questions are about the baby's blood relatives. By "blood relative" we mean the baby mother, father, sister, brother, grandparents, aunt, uncle, niece, nephew or cousin.

- | | |
|--|---|
| a) A heart defect or heart condition? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| b) Any birth defects? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| c) High blood pressure and/or stroke? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| d) Diabetes? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| e) Cancer? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| f) Lung disease or breathing problems? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| g) Cleft lip and/or cleft pallet? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| h) Nerve or nervous disorders? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| i) Hemophilia or other bleeding disorders? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| j) Depression, schizophrenia or other mental problems? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| k) Glaucoma or other eye problems? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| l) Hearing difficulty? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |

Baby's Identification (Name): _____

Date of Birth: _____

Date Form Completed: _____

Optional Information

Mother's Name _____

Mother's Phone Number _____

Father's Name _____

Father's Phone Number _____

Grant County Fire District #3

NEWBORN

Qualified Personnel:

1. Notify Dispatch and request EMS – assure the parent/nonparent that appropriate resources will be contacted to meet the newborns needs.
2. Ask the transferring person if they are the parent – Do not ask their name, social security number or other identifying information.
3. Attempt to verify the date and time of the child's birth.
4. Attempt to have the medical questionnaire answered.
5. Regardless of Item #4, hand the transferor a pamphlet.
6. Contact CPS
7. If the Child is not a newborn, try to obtain the medical history through any reasonable means.
Contact Law Enforcement

Non-Qualified Personnel:

1. Ask transferor to wait until you can summon a qualified person.
2. Call 911 and request EMS

** Pursuant to the law, the qualified person is immune from liability, criminal or civil, for accepting or receiving a newborn under this section.

The qualified person shall also complete the following:

- Aa detailed incident report, outlining all discussions with the parent or other person transferring custody.
- A general statement of the newborn or child's condition, the time and place received.
- All parties notified and the agency to whom custody is ultimately transferred.
- The foregoing incident report is in addition to an EMS report documenting the child's emergency medical care.