



Voluntary Medical History Form

Dear Birthmother:

Thank you for bringing your baby to a Safe Haven. You have taken the first step in assuring that your newborn will be safe and well cared for. We know this has been a difficult decision and want to assure you that we will do everything we can to give your newborn the best possible care.

We are asking you to help your baby by providing some information *voluntarily* that may be important in his/her future. This information will be used only for this purpose. It will not be used to identify you or find you. You may not know all of the answers, but please provide as much information as you know.

What is the baby's birth date? _____ Was the infant premature? Yes No

Were there any problems with your pregnancy or delivery? Yes No

If yes, what were they? _____

Where was the baby born? (city/state) _____

Where is the Safe Haven location? (hospital, fire station, police station, EMS facility, other) _____

During the pregnancy did you use any of the following:

Cigarettes: How much and at what point in the pregnancy? _____

Alcohol: How much and at what point in the pregnancy? _____

Drugs/Medications: Which and at what point in the pregnancy? _____

Did you receive any prenatal care? Yes No

If so, please describe: _____

Does your baby have any other siblings? Yes No

If so, please describe (age, relationship, etc.) _____

Do you or any blood relatives have medical conditions such as (please check any that apply):

Diabetes
Down Syndrome
Asthma
Allergies _____
Seizures
Cancer
Heart Disease
High Blood Pressure
Muscular Dystrophy
Mental Illness
Depression

Other _____

Does the infant's father or any blood relatives have medical conditions such as (please check any that apply):

Diabetes
Down Syndrome
Asthma
Allergies _____
Seizures
Cancer
Heart Disease
High Blood Pressure
Muscular Dystrophy
Mental Illness
Depression

Other _____

What is your:

Age _____
Race _____
Native American Indian Yes__ / No__
(Tribal Name) _____
Religion _____
Approx. Height/Weight _____
Eye/Hair Color _____

What is the infant's father's:

Age _____
Race _____
Native American Indian Yes__ / No__
(Tribal Name) _____
Religion _____
Approx. Height/Weight _____
Eye/Hair Color _____