

# Utah Newborn Safe Haven

## Optional Medical Questionnaire

**If you choose, fill out this form and bring it with your newborn. You may mail it at a later time to the address provided.**

Baby's Birth Date: \_\_\_\_\_

Was your Baby born early, before its due date? Yes / No / Unsure

Were there any problems with the pregnancy? Yes / No / Unsure

If yes, what were they?

Did you smoke, use alcohol, drugs or any medication during the pregnancy? Yes / No / Unsure

If yes, explain:

Please check any of the medical conditions that you have. If you know any of the medical conditions that the father might have, please check those as well.

<b>Condition:</b>	<b>Mother</b>	<b>Father</b>
Diabetes		
Asthma		
Seizures		
Cancer		
High Blood Pressure		
Mental Illness		

Please list any allergies that you have, or that your baby's father may have:

Are you aware of any health problems that run in your family, or your baby's father's family? If yes, please describe what they are:

Please feel free to include a note to your baby, or the people who will adopt your child. If you like, you could use the back of this printed form.