CONFIDENTIAL VOLUNTARY MEDICAL BACKGROUND FOR A SURRENDERED NEWBORN

Michigan Department of Health and Human Services

Where was the child born?		Sex
Date of Birth	Race	American Indian ☐ Yes ☐ No

SURRENDERING PARENT BACKGROUND (optional)

Name	Marital Status ☐ Single ☐ Married ☐ Divorced	Date of Birth
Address		Phone Number

Race	American Indian Tribe Member or Eligible ☐ Yes ☐ No	Identify Tribe

Height	Weight	Hair Color	Eye Color

Any Family History of:

Sickle Cell Disease	☐ Yes	☐ No	
Cancer	☐ Yes	☐ No	If yes, type:
Heart Disease	☐ Yes	☐ No	
Genetic Disease	☐ Yes	☐ No	If yes, type:
Diabetes	☐ Yes	☐ No	
Family History of Mental Illness	☐ Yes	☐ No	If yes, explain:
HIV	☐ Yes	☐ No	
Drug Usage	☐ Yes	☐ No	If yes, explain:
Hepatitis	☐ Yes	☐ No	
Alcohol Usage	☐ Yes	☐ No	If yes, explain:

Other:

Surgical History

OTHER PARENT BACKGROUND (optional)

Name	Marital Status ☐ Single ☐ Married ☐ Divorced	Date of Birth
Address		Phone Number

Race	American Indian Tribe Member or Eligible ☐ Yes ☐ No	Identify Tribe

Height	Weight	Hair Color	Eye Color

Any Family History of:

Sickle Cell Disease	☐ Yes	☐ No	
Cancer	☐ Yes	☐ No	If yes, type:
Heart Disease	☐ Yes	☐ No	
Genetic Disease	☐ Yes	☐ No	If yes, type:
Diabetes	☐ Yes	☐ No	
Family History of Mental Illness	☐ Yes	☐ No	If yes, explain:

HIV	☐ Yes ☐ No
Drug Usage	☐ Yes ☐ No If yes, explain:
Hepatitis	☐ Yes ☐ No
Alcohol Usage	☐ Yes ☐ No If yes, explain:
Other:	
Surgical History	

INFORMATION ABOUT THE PREGNANCY

Length of Pregnancy	Weight Gain Lbs.	Drug or Alcohol Use During Pregnancy ☐ Yes ☐ No If yes, explain:

EMERGENCY SERVICE PROVIDER OBSERVATIONS

Comments			
ESP Signature	Date	Phone Number	
Address	City	State	Zip Code

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

GENERAL INSTRUCTIONS

PURPOSE OF FORM

The Emergency Service Provider (ESP) is encouraged to obtain the child's family medical history, if the surrendering parent is willing to provide that information.

The ESP should assist the surrendering parent by reading and recording information provided by the surrendering parent about the maternal and paternal family medical history.

INFORMATION ABOUT THE CHILD

- Identify the city and state where the child was born. Describe the place of birth: house, motel, etc.
- The Indian Child Welfare Act applies to a child who "is either (a) a member of an Indian tribe or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe." 25 USC 1903.

PARENT INFORMATION

- The name, date of birth, phone number and address of the surrendering or non-surrendering parent is **not** required.
- The parent should be encouraged to identify as much medical information as is known and provide details where requested.
- The parent profile information of race, height, weight, hair color and eye color is information that the child may want at a future date and should be obtained if the parent is willing to disclose.

INFORMATION ABOUT THE PREGNANCY

- Encourage the surrendering parent to provide this minimal information about the pregnancy.

EMERGENCY SERVICE PROVIDER OBSERVATIONS

- Record information observed or discussed with the surrendering parent.
- Sign and date.
- Provide address and phone number.

FORM DISTRIBUTION

- Original is given to the child-placing agency for adoption planning.
- The ESP should copy and retain per agency protocols.