Reporter's Email:Secondary Email:Reporter's Name:Reporter's Role:Reporter's Role:Other (name of hospital):Reporter's Address:Reporter's City:
Reporter's Name: Reporter's Role: Reporter's Hospital: Other (name of hospital): Reporter's Address:
Reporter's Role: Reporter's Hospital: Other (name of hospital): Reporter's Address:
Reporter's Hospital: Other (name of hospital): Reporter's Address:
Other (name of hospital): Reporter's Address:
Reporter's Address:
Penorter's City:
Reporter's State:
Reporter's Zip Code:
Reporter's Phone:
Reporter's Race:
Reporter's Ethnicity:
Is this the initial notification/referral regarding the identified newborn?
Initial Reference Number:
Has the child been exposed in utero to substances?
Zip code of where newborn will reside?
Mother's Age:
Mother's Race:
Mother's Ethnicity:
Newborn's Race:
Newborn's Ethnicity:
Which substances has the newborn been exposed to?
Was child tested for substances?
What type of test performed?
What were the results of child drug screening?
Has child tested positive as a result of maternal substance misuse?
Is there a concern that mother's substance use will impact parental functioning?
Does family present with suspicions of abuse or neglect?
Is there a plan of safe care developed or verified by reporter?
Information provided, services identified or services referred: