



## BABY SAFE HAVEN LAW MEDICAL HISTORY

NORTH DAKOTA DEPARTMENT OF HEALTH  
HEALTH EQUITY OFFICE  
SFN 61940 (1-2021)

This form is to be provided with an envelope (postage paid recommended) to a parent/agent who is surrendering an infant under the Baby Safe Haven Law. After it is returned to the approved location, it must be returned to North Dakota Department of Human Services:

Fax: 701.328.3538, [DHSCFS@nd.gov](mailto:DHSCFS@nd.gov), North Dakota Department of Human Services, Children and Family Services Division, 600 E. Boulevard Ave – Dept 325, Bismarck, ND 58505-0250.

Thank you for bringing this infant to a Baby Safe Haven. You have taken the first step in assuring that the infant 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 this infant the best possible care.

We are asking you to help the infant 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 or find you.

You may not know all the answers, but please provide as much information as you know. Thank you.

Infant's Date of Birth	<input type="checkbox"/> Unsure
Infant's First Name on Birth Certificate?	
Was the infant born premature? (before 38 weeks?) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unsure
Were there any problems with the pregnancy or delivery? <input type="checkbox"/> Yes (list here) <input type="checkbox"/> No	<input type="checkbox"/> Unsure
Does the infant require special formula/diet? <input type="checkbox"/> Yes (list here) <input type="checkbox"/> No	<input type="checkbox"/> Unsure
Before the infant was born, did the birth parent receive prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unsure
Before the infant was born, did the birth parent take any medications, smoke, drink alcohol or use any other drugs? <input type="checkbox"/> Yes (list here) <input type="checkbox"/> No	<input type="checkbox"/> Unsure
Parent's race?	<input type="checkbox"/> Unsure
Other parent's race?	<input type="checkbox"/> Unsure

Is the birth parent Native American Indian? <input type="checkbox"/> Yes (tribe name) <input type="checkbox"/> No	<input type="checkbox"/> Unsure
Is the other parent Native American Indian? <input type="checkbox"/> Yes (tribe name) <input type="checkbox"/> No	<input type="checkbox"/> Unsure

**If you are the birth parent, please read the symptoms below. If you answer YES to any of the questions, you may be having a medical concern and you should call/see a healthcare provider immediately. If you do not have a healthcare provider, seek care at an emergency room or call the Safe Haven hotline at 1-888-510-2229 or text 313131. Tell them that you are in the Safe Haven Program and need help.**

	Yes	No
Is your vaginal bleeding increasing and not slowing down when you rest?		
Is your vaginal bleeding soaking through two maxi pads in a half-hour or are you passing large blood clots?		
Does your vaginal bleeding or discharge have a bad smell?		
Is your temperature 101 F or higher?		
Do you have abdominal pain that is not relieved by <i>Tylenol</i> or <i>Motrin</i> ?		
Are you urinating often? Do you feel a burning sensation?		
Is your pain increasing?		

