



SAFE BABIES PROGRAM REFERRAL FROM HOSPITAL

Please complete & return by fax to:

Vancouver Aboriginal Child and Family Services Society

- Infant's Social Worker: _____ fax: _____
- Safe Babies Nurse: Madeline Rigg, (fax: 604-660-0775), AND
- VACFSS Resources office (fax: 604-215-0176)

TO BE COMPLETED BY NURSING/MEDICAL STAFF

Completed by _____
 (Surname) (First name) (Title) (Date)

Infant's Date of Birth: _____
 Infant's Name (incl. all Surnames): _____
 Sex: M F At Birth: Gestation _____ Wt _____ Head Circumference _____ Lgth _____
 Hospital of Delivery _____ Current Hospital _____

Prenatal Substance Exposure

Alcohol Inhalant Cocaine Crack Marijuana Crystal Meth Cigarettes # per day _____
 Methadone (Prescribed yes no) Opiates (specify) _____
 Psychotropic Medication _____ Other Medication _____

Communicable Disease Exposure

HIV yes no unknown SYPHILIS yes no unknown HEPC yes no unknown
 HEP B yes no unknown HbIG Vaccine Date _____ MRSA yes no unknown

Infant Health History:

Prenatal Care yes no where: _____ Follow-up requested yes no
 Complications: Pregnancy yes no unknown (Specify) _____
 Labour/Delivery yes no (Specify, incl. mode of delivery) _____

Resuscitation yes no SCN/IGN yes no (date) _____ Ventilation yes no (date) _____

Investigations: (lab work, imaging, consults) _____

Dates _____ Follow-up _____

Medications Given (incl. dates) _____

Current Medications _____

Feeding: Type of Formula _____ Amount _____ Frequency _____

Difficulty Feeding (Describe) _____

Current Status:

Tremors Vomiting Diarrhea Rash Consistent Weight Gain yes no
 Abnormal Tone
 Irritable Difficulty Settling Methods of Soothing: _____

Current Medical Concerns: _____

Anticipated Follow-up: Please circle

Pediatrician's Name: _____ Sheway IDP Oaktree Audiology Other (Specify) _____