CONFIDENTIAL
VOLUNTARY MEDICAL BACKGROUND FORM FOR A SURRENDERED NEWBORN
Michigan Department of Human Services

Pedigree for Child's Name	Date of Birth
Where was the child born?	Sex

SURRENDERING PARENT BACKGROUND (Optional)

Name	Marital Status ☐ S ☐ M ☐ D	Date of Birth	Phone Number
Address			
Race	Affiliated with American Indian Tribe ☐ YES ☐ NO	Identify Tribe	
Height	Weight	Hair Color	Eye Color

Any Family History of:	Yes	No		Yes	No	
Sickle Cell Disease	☐	☐	Cancer	☐	☐	If Yes Type:
Heart Disease	☐	☐	Genetic Disease	☐	☐	If Yes Type:
Diabetes	☐	☐	Family History of Mental Illness	☐	☐	If Yes Explain
HIV	☐	☐	Drug Usage	☐	☐	If Yes Explain
Hepatitis	☐	☐	Alcohol Usage	☐	☐	If Yes Explain

Other _____

Surgical History

OTHER PARENT BACKGROUND (Optional)

Name	Marital Status ☐ S ☐ M ☐ D	Date of Birth	Phone Number
Address			
Race	Affiliated with American Indian Tribe ☐ YES ☐ NO	Identify Tribe	
Height	Weight	Hair Color	Eye Color

Any Family History of:	Yes	No		Yes	No	
Sickle Cell Disease	☐	☐	Cancer	☐	☐	If Yes Type:
Heart Disease	☐	☐	Genetic Disease	☐	☐	If Yes Type:
Diabetes	☐	☐	Family History of Mental Illness	☐	☐	If Yes Explain
HIV	☐	☐	Drug Usage	☐	☐	If Yes Explain
Hepatitis	☐	☐	Alcohol Usage	☐	☐	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			
EMP Signature	Date	Phone Number	
Address	City	State	Zip Code