

Utah's Drug Endangered Children



**\*Mandatory Hospital Discharge Health Information  
For Infant Entering DCFS Custody**

This completed form or a copy of newborn record and/or discharge summary need to accompany the infant to all follow-up medical appointments.

Hospital Name: \_\_\_\_\_

Baby's given Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Birth Hospital \_\_\_\_\_ Discharge Date \_\_\_\_\_

Term  Pre-term \_\_\_\_\_ (gestational age in weeks) Jaundice requiring phototherapy  Yes  No

Birth weight \_\_\_\_\_ (kg)  Length \_\_\_\_\_ (cm)  Head Circumference \_\_\_\_\_ (cm)

Weight at discharge \_\_\_\_\_ (kg)

Breast Fed:  Yes  No Formula Brand: \_\_\_\_\_

Feeding schedule: Ounces each feeding: \_\_\_\_\_ every \_\_\_\_\_ hours

Medications: \_\_\_\_\_ (include dosage, frequency, duration)

Hepatitis B Vaccine  No  Yes Date \_\_\_\_\_ Newborn Hearing Screen:  pass  referred to \_\_\_\_\_

Meconium STAT Result \_\_\_\_\_ Newborn Urine Screen:  Negative  Positive Results \_\_\_\_\_

Maternal Drug Screen:  Negative  Positive What drug(s) \_\_\_\_\_

Newborn Signs

Irritability  Tremors  Seizures  Diarrhea  Poor feeding  Emesis  Other \_\_\_\_\_

Prenatal/Birth History (i.e. documented prenatal care) \_\_\_\_\_

Pertinent prenatal test results (e.g. Group B Strep; HIV; RPR; Hep. B, etc.) \_\_\_\_\_

Vaginal birth  C-section APGAR score \_\_\_/\_\_\_

Congenital anomalies \_\_\_\_\_

Other known factors and pertinent/health / family history:

Mother's name: \_\_\_\_\_ Gravida \_\_\_\_\_ Para \_\_\_\_\_

Mother's Date of birth: \_\_\_\_\_

Newborn screen done and sent Date: \_\_\_\_\_ number from newborn screen \_\_\_\_\_

Include paperwork for newborn screen

*\*Utah Code 62A-4a-406 authorizes release of medical records pertinent to an investigation for child abuse or neglect to the Division of Child and Family Services.*