



CEDAR HILL FIRE DEPARTMENT



Dear Birth Mother/Parent,

Thank you for bringing your baby to the Fire Station. No matter what difficulties you are going through, you still chose to bring your child to a safe place. Thank you. Please know that we will do everything we can to give your beautiful child the best possible care.

Would you do one more thing to help your child's future? Would you complete this voluntary health form? You can mail it back in with the self addressed stamped envelope.

You may not know the answers to all of the questions – that's OK. You may not know for sure who the father of the child is. We are asking only for you to tell us what you do know. This will help your child's future health.

Your baby's birth date: ____/____/____

Was your baby premature?

____ Yes
____ No
____ Unsure

Were there any problems with the pregnancy?

____ Yes
____ No
____ Unsure

If yes, what were they?

Did you smoke, use alcohol, drugs or any medication during the pregnancy?

_____ Yes
_____ No
_____ Unsure

If yes, please explain:

Please check any of the medical conditions that you have. If you know that your baby's father had any of the medical conditions listed, please check that as well.

	Mother	Father
Diabetes:	_____	_____
Asthma:	_____	_____
Seizures:	_____	_____
Cancer:	_____	_____
High Blood Pressure:	_____	_____
Heart Disease:	_____	_____
Mental Illness:	_____	_____
Allergies:	_____	_____

Please list any allergies that you have, or if you are aware of any that your baby's father has:

Are you aware of any hereditary conditions that run in your family, or your baby's father's family? If yes please describe:

	Mother	Father
Age:	_____	_____
Race:	_____	_____
Religion:	_____	_____
Hair Color:	_____	_____
Body Build:	_____	_____

Please feel free to include a note to your baby, or the people who will adopt your child. If you like, you could use the back of this form.

Thank you so much for your help. This history is a thoughtful gift for your child.