

Dear Parent:

## SAFE BABY SITE

Thank you for bringing your baby to a Safe Baby Site. You have taken the first step in assuring that your child will be safe and well taken care of.

We are asking you to help your baby by providing some health information that may be important for your child to know in his/her future. You may not know all of the answers- that's OK. Please provide your baby with as much information as you have.

### Birth Information

Baby's Date of Birth: \_\_\_\_\_

Did your baby have any medical problems when s/he was born? \_\_\_\_\_

#### Mother's Medical History

Age: \_\_\_\_\_

Race/Nationality: \_\_\_\_\_

##### Medical Conditions:

Diabetes

Cancer

Asthma

Heart Disease

Tuberculosis

High Blood Pressure

Seizures

Mental Illness

Hepatitis

Drug Use \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

#### Father's Medical History

Age: \_\_\_\_\_

Race/Nationality: \_\_\_\_\_

##### Medical Conditions:

Diabetes

Cancer

Asthma

Heart Disease

Tuberculosis

High Blood Pressure

Seizures

Mental Illness

Hepatitis

Drug Use \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

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

Please return this information to:

UTMB Emergency Department, c/o Care Manager  
301 University Blvd  
Galveston TX, 77555-1173