BabyNet

South Carolina's Early Intervention System

Birth and Early Health History

CHILD INFORMATION Name _____ Date of Birth _____

Address _____ Adopted? ☐ No ☐ Yes

City, State, Zip _____

REFERRAL INFORMATION Date _____ Age at referral _____ IFSP due date _____

Referral Source Name _____ Phone _____

Address _____ Fax _____

City, State, Zip _____ Email _____

PREGNANCY* Normal pregnancy? ☐ No ☐ Yes

☐ Anemia Regular prenatal care? ☐ No ☐ Yes Month prenatal care started _____

☐ Bleeding ☐ Measles ☐ Heart disease ☐ Viral infection (type)

☐ Vomiting ☐ MD-ordered bedrest ☐ Diabetes ☐ Tobacco use

☐ Hepatitis ☐ Premature labor (week) ☐ Alcohol use ☐ Rx drugs

☐ STD ☐ Elevated blood pressure ☐ Illegal drugs ☐ OTC drugs

DELIVERY* (check all that apply) ☐ Vaginal ☐ C/section ☐ Breech ☐ Multiple birth

NEWBORN*

☐ Delayed crying ☐ Seizures ☐ Birthweight < 2500 gms ☐ NICU

☐ Breathing problems ☐ Premature ☐ Birthweight < 1200 gms

HEALTH SINCE BIRTH* ☐ **Healthy** ☐ **Unhealthy**

☐ Sleeping problems ☐ Vomiting ☐ Hospitalizations

☐ Feeding problems ☐ Breathing problems ☐ Surgeries

*If yes to any condition, describe here

Name and title of person completing the form (print) _____

Signature _____ Date _____

PLACE LABEL HERE

INSTRUCTIONS

Birth and Early Health History

(SCFS/BN003)

A. PURPOSE

To record health history of child prior to BabyNet referral.

B. USES:

The DHEC Intake/Service Coordinator (or designee) collects and records information on this form as part of the intake process. Information on this form is used to complete the initial IFSP.

C. INSTRUCTIONS

1. Referral information
    a. Enter referral date (date referral received in DHEC BabyNet office)
    b. Enter child's age on referral date.
    c. Enter IFSP due date which is 45 days from referral date.
    d. Enter available referral source contact information.
2. Child information
    a. Enter child's address
    b. Enter date of birth.
    c. Check box indicating adoption as appropriate.
3. Pregnancy information

    Ask parent about each condition and check all boxes that apply.
4. Newborn information

    Ask parent about each condition and check all boxes that apply.
5. Health since birth

    Ask parent about each condition and check all boxes that apply.
6. Provide brief description of condition or complication identified.
7. Print name and title of person completing the form.
8. Signature of person completing the form, with date completed.