



Lucas County Children Services
Health Services Department

Newborn Discharge Form

LCCS Health Services Clinic Fax: 419-327-3358

Child's Name	DOB		Discharge Date
SACWIS ID	Caseworker		Case Name
Hospital	Birth Weight	Length	Head Circumference
Primary Care Physician/Practice		Physician Phone	Newborn Photo Taken <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Did this baby have intrauterine exposure to any of the following diseases?

Disease	Indicated by Maternal History	Mother's Lab Values (or attach reports)	Child's Lab Values (or attach reports)
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HBS Ag <input type="checkbox"/> Neg <input type="checkbox"/> Pos	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hepatitis C	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Chlamydia	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gonorrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Syphilis	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Did this baby have intrauterine exposure to any of the following substances?

Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No	Heroin <input type="checkbox"/> Yes <input type="checkbox"/> No
Marijuana <input type="checkbox"/> Yes <input type="checkbox"/> No	Other <input type="checkbox"/> Yes <input type="checkbox"/> No
Cocaine <input type="checkbox"/> Yes <input type="checkbox"/> No	Other <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Was child's discharge physical within normal limits? Yes No Abnormal (If abnormal, please explain)

4. Are there other health issues you feel the LCCS Nurse should address? Yes No

Signature of nurse or physician completing this form

Date

LCCS Nurses are available by phone from 8:30 am to 11:00 pm, Monday through Friday
LCCS Health Services Clinic: 419-213-3343/3340/3365/3283
LCCS Switchboard: 419-213-3200 • LCCS Intake: 419-213-CARE (2273)
LCCS Health Services Clinic Fax: 419-327-3358