

Physician Notification of Substance Exposed Newborns No Prenatal Neglect Suspected

LA DCFS: This notification **does not** constitute a report of child abuse and or neglect and shall be **faxed** to Centralized Intake at **(225) 342-3480**. This notification is used to notify DCFS of newborns who exhibit symptoms of withdrawal or other observable and harmful effects in his physical appearance or functioning that a physician believes is due to the use of a controlled dangerous substance, as defined by R.S. 40:961 et. Seq, in a lawfully prescribed manner, by the mother during pregnancy. If a newborn is exhibiting withdrawal symptoms that are believed to be the result of **unlawful use of a controlled dangerous substance; or, if you suspect abuse and or neglect including suspicion of prenatal neglect**, you must contact the CPS Hotline at 1-855-4LA-KIDS to make a report of suspected child

NEWBORN'S INFORMATION

Last Name: _____ First Name: _____
Date of Birth: __/__/____ Gender: Male Female
Race: White African American Asian/Pacific Islander Hispanic/Latino Other
Substances newborn was exposed to, if known: Amphetamines Barbiturates Opioids Opioid Agonist
 Benzodiazepines Other (List) _____
Was there a **Neonatal Abstinence Syndrome** screening completed? Yes No

MOTHER'S INFORMATION

Last Name: _____ First Name: _____
Date of Birth: __/__/____ Phone Number: _____
Race: White African American Asian/Pacific Islander Hispanic/Latino Other
Address upon discharge: _____ City: _____ State: _____ Zip: _____

PROVIDER'S INFORMATION

Name of Hospital: _____ Notification Date: __/__/____
Physician's Name: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Other individuals who provided input on this Notification (Name and Title): _____

PERTINENT DISCHARGE REFERRALS(S) AND EDUCATION

Referral(s), as applicable: Pediatrician Pediatric Specialist OB/GYN PCP Early Steps Medicaid
 Substance Use Disorder Assessment/Treatment Behavioral/Mental Health Services Housing
 Office of Public Health Other Referrals: _____

Educational materials provided, as applicable: Car Safety Seats Shaken Baby Syndrome Safe Sleep
 Other Educational Materials Provided (Specify): _____

Additional comments regarding the needs of the newborn and family: _____