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) 342-7768. 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 abuse/neglect.

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: _______
Physician's Name: _______
Address: _______
City: _______
State: _______
Zip: _______
Notification Date: ___/___/_____-
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: _______

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