

# 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: \_\_\_\_\_ 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: \_\_\_\_\_