Reporter Information	
Reporter name:	Reporter phone:
Reporting facility name:	Reporting date:

Birthing Parent Information			
Birthing parent first name:	**Birthing parent last name:**		
Birthing parent date of birth:	**County of residence:**		
Race: *(Select all that apply)* ☐ White ☐ Black/African American ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native ☐ Other/Unknown			
Ethnicity: ☐ Hispanic/Latinx ☐ Not Hispanic/Latinx ☐ Unknown	**Y**	**N**	**U**
Did birthing parent use opioids, benzodiazepines, or barbiturates (OBBs) during current pregnancy?	☐	☐	☐
Did birthing parent use other substances (non-OBBs) during current pregnancy?	☐	☐	☐
Infant Information			
Infant first name:	**Infant last name:**		
Infant sex: ☐ Female ☐ Male ☐ Other			
Date of birth:	**Y**	**N**	**U**
Did infant exhibit at least 2 signs of Neonatal Abstinence Syndrome (NAS) not directly attributed to another diagnosis within 28 days of life?	☐	☐	☐
Did infant have a diagnosis or chief complaint of NAS within the first 28 days of life?	☐	☐	☐
Was the infant hospitalized or admitted to a residential pediatric recovery center at the time of clinical signs, chief complaint, or diagnosis?	☐	☐	☐
Lab Evidence			
Please list any substance that the birthing parent tested positive for during current pregnancy through one day post-partum:			
Please list any substance that the infant tested positive for before 28 days of age:			

Birthing Parent Information			
Birthing parent first name:	**Birthing parent last name:**		
Birthing parent date of birth:	**County of residence:**		
Race: *(Select all that apply)* ☐ White ☐ Black/African American ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native ☐ Other/Unknown			
Ethnicity: ☐ Hispanic/Latinx ☐ Not Hispanic/Latinx ☐ Unknown	**Y**	**N**	**U**
Did birthing parent use opioids, benzodiazepines, or barbiturates (OBBs) during current pregnancy?	☐	☐	☐
Did birthing parent use other substances (non-OBBs) during current pregnancy?	☐	☐	☐
Infant Information			
Infant first name:	**Infant last name:**		
Infant sex: ☐ Female ☐ Male ☐ Other			
Date of birth:	**Y**	**N**	**U**
Did infant exhibit at least 2 signs of Neonatal Abstinence Syndrome (NAS) not directly attributed to another diagnosis within 28 days of life?	☐	☐	☐
Did infant have a diagnosis or chief complaint of NAS within the first 28 days of life?	☐	☐	☐
Was the infant hospitalized or admitted to a residential pediatric recovery center at the time of clinical signs, chief complaint, or diagnosis?	☐	☐	☐
Lab Evidence			
Please list any substance that the birthing parent tested positive during current pregnancy through one day post-partum:			
Please list any substance that the infant tested positive for before 28 days of age:			

Reset Form