

**Baby's Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Dear RNICU Parent:**

Our goal at the Sparrow Regional Neonatal Intensive Care Unit is to provide the most complete care possible to get your baby off to a good start. Part of this care is to get to know you and your needs. The form will help you and a social worker determine ways to further assist you.

**If you want information or need help, please check any of the following boxes:**

- Understanding the baby's medical problems
- Concerns about your baby's future development
- Assistance caring for your baby after discharge (family support and community services)
- Financial problems (income, insurance, housing, food, baby supplies, transportation)
- Concerns about job or school
- Problems with partner or family
- Child rearing or parenting
- Alcohol/drugs/smoking dependencies
- Physical and/or sexual abuse/domestic violence
- Emotional or mental health concerns (loneliness, anger, worries, stress, post-partum depression)
- Finding a doctor or clinic to care for your baby after discharge
- Other: \_\_\_\_\_

A baby changes your life in many ways. What changes do you expect? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What will be most difficult? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you look forward to? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please return this form to your baby's nurse. Thank you, a social worker will get back to you regarding your concerns and questions.*