



ROTARY COMMUNITY BREAST MILK BANK

Initial questionnaire for Practitioner or Volunteer to complete with women wishing to become donors.

Thank you for considering becoming a donor. Before we can send you the forms to complete we would like to ask you a few questions.

Name:.....Date.....

Contact telephone: Mobile.....

Are you prepared to have blood taken for testing?

Are you prepared to answer a health and lifestyle questionnaire?

Are you able to deliver your milk to St George's Hospital?

How old is your baby?.....M/F.....

Is your baby breastfeeding well?.....

Are there any health issues with either you or your baby?.....

.....

Do you have a breast pump? Sterilising equipment?.....

Do you have freezer space to store your breast milk?.....

What type of freezer do you have?

How did you find out about us?

Address to post out the consent form, and health and lifestyle questionnaire.

.....Post Code.....

DIRECT THE POTENTIAL DONOR TO THE FACEBOOK PAGE FOR FURTHER INFORMATION

Name of volunteer completing this form.....
