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|  | **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…………………………………

Donor’s D.O.B. ……………………………………………………………. NHI ……………………………………………………

Contact telephone: …………………………………………………. Mobile………………………………………………....

Email: ……………………………………………………………………………………………………………………………………….

Are you prepared to have blood taken for testing? **YES/NO**

Do you give consent for your antenatal blood tests results to be reviewed by the Rotary Milk Bank staff? **YES/NO**

Are you prepared to answer a health and lifestyle questionnaire? **YES/NO**

Are you able to deliver your milk to the Rotary Milk Bank on 1st floor St Georges Hospital? **YES/NO**

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

Is your baby breastfeeding well?.....................................................................................................

Who is your LMC Midwife?..............................................................................................................

Do you have a breast pump? **YES/NO** Sterilising equipment? **YES/NO**

Do you have freezer space to store your breast milk? **YES/NO**

What type of freezer do you have? …………………………………………………………………………………………..

How did you find out about us? ………………………………………………………………………………………………….

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

…………………………………………………………………………………………………………………Post Code………………….

**SEE OUR FACEBOOK PAGE FOR FURTHER INFORMATION or Phone: 03-3756281**

Name of volunteer completing this form…………………………………………………………………………