



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.

Date.....

Name:.....

Address.....

Donor's D.O.B. NHI

Phone Number.....Ethnic Group.....

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**

Baby's D.O B?.....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? (circle one) Upright Freezer/ Fridge/Freezer / Chest Freezer

How did you find out about us?

FOR FURTHER INFORMATION Ph: 03-3756281, or www.themilkbank.nz, rotaryc9@gmail.com

Name of volunteer completing this form.....