

HEALTH | CHOICE
UTAH

NEWBORN REPORTING SHEET

To report a newborn to Steward Health Choice Utah,
fax in this completed form to (801) 758-3370

Facility: _____
Facility Provider ID#: _____
Facility Contact Person: _____
Facility Phone Number: _____
Facility Fax Number: _____

MOTHER'S INFORMATION

Mother's Name: _____ DOB: _____

Mother's UDOH ID: _____ EDC: _____

Induction of Labor: Δ YES Δ NO Reason for Induction: _____

Type of Delivery: VAG VBAC C/SECT

Reason for C/SECT: _____

Tubal Ligation at Delivery? Yes No

Delivering Physician: _____

Prenatal Medical Complications:

NEWBORN INFORMATION

Newborn's Name: _____ Male Female DOB: _____

UDOH ID: _____ Medical Record Number: _____

Birth Weight: ___ grams Gestational Age: ___ weeks APGARS: _____

TWINS: Each newborn requires a separate form

Twin A: Male or Female

Twin B: Male or Female

Well Sick

If sick, diagnosis: _____

NICU Admit? Yes No

Hospital transferred to: _____ Date: _____

Newborn Attending Physician: _____