

Facility information

Facility name:

Facility contact person:

Phone:

Fax:

Member information

Member name:

Medicaid ID number:

Admission date:

Delivery date:

Discharge date:

Delivery information

Name of delivering practitioner:

Type of delivery: Vaginal Vaginal birth after cesarean Cesarean section Repeat cesarean section Gestational age:

Expected date of delivery: Single birth Multiple birth: Twins Triplets Other:

Baby A name: Sex: Male Female Weight (grams):

Well nursery: Yes No If **No:** Neonatal intensive care unit (NICU) Special care nursery (SCN) Baby A discharge date:

Transfer to facility: Clinical sent: Yes No Baby A physician:

Baby A has been referred for newborn home visit: Yes No If **Yes,** which agency:

Baby B name: Sex: Male Female Weight (grams):

Well nursery: Yes No If **No:** NICU SCN Baby B discharge date:

Transfer to facility: Clinical sent: Yes No Baby B physician:

Baby B has been referred for newborn home visit: Yes No If **Yes,** which agency:

Baby C name: Sex: Male Female Weight (grams):

Well nursery: Yes No If **No:** NICU SCN Baby C discharge date:

Transfer to facility: Clinical sent: Yes No Baby C physician:

Baby C has been referred for newborn home visit: Yes No If **Yes,** which agency:

This information may be called or faxed to Bright Start:

Phone: **1-866-577-0833**

Fax: **1-833-329-7708**