

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: **1-844-446-7708**

Fax: **1-833-728-7329**