

**NEWBORN REPORTING SHEET**

To report a newborn to Health Choice Utah,  
fax in this completed form to (801) 587-4855

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:  YES  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: \_\_\_\_\_