



WV Birth Score-Developmental Risk Screen And Newborn Hearing Screen

33892

Delivery Hospital

Mother's Last Name

Mother's First Name

Mother's Maiden Name

Mother's SS #

Mother's Race
 White Hispanic
 Black Mixed Race
 Asian Other

Payment Method

Insurance WV Medicaid Self-Pay Other

Street Address

Infant's Last Name

Infant's First Name

Infant's Birth Date

 / /

City

Parent Phone

 - -

WV
 KY
 MD
 Other

OH
 PA
 VA

Zip Code

DEVELOPMENTAL RISK Automatic High Score
 Answer each. Definition of abnormalities on back.

Birth Weight 1500 gms or less YES NO Congenital Abnormalities

5 Minute APGAR 3 or less YES NO

PRIMARY CARE PHYSICIAN/CLINIC

City

Office Phone

 - -

WV
 KY
 MD
 Other

OH
 PA
 VA

Zip Code

Was infant transferred to NICU?

NO YES Cabell Huntington WVU Hospital Women & Childrens Other

ITEM	ANSWER CODE	SCORE
Birth Weight (grams)	<input type="radio"/> <1501 (90)	<input type="text"/>
	<input type="radio"/> 1501-2000 (77)	
	<input type="radio"/> 2001-2500 (55)	
	<input type="radio"/> 2501-3000 (10)	
	<input type="radio"/> >3000 (0)	
Maternal Age	<input type="radio"/> <17 (75)	<input type="text"/>
	<input type="radio"/> 17-19 (60)	
	<input type="radio"/> >19 (0)	
Infant's Sex	<input type="radio"/> Male (40)	<input type="text"/>
	<input type="radio"/> Female (0)	
Feeding Intention	<input type="radio"/> Breast Only (0)	<input type="text"/>
	<input type="radio"/> Bottle or Both (36)	
Previous Pregnancies	<input type="radio"/> None (0)	<input type="text"/>
	<input type="radio"/> 1-3 (3)	
	<input type="radio"/> 4-6 (12)	
	<input type="radio"/> 7-8 (18)	
	<input type="radio"/> 9 or more (21)	
Maternal Education	<input type="radio"/> 10th grade or lower (12)	<input type="text"/>
	<input type="radio"/> 11th grade or above (0)	
Nicotine use during pregnancy	<input type="radio"/> No (0)	<input type="text"/>
	<input type="radio"/> Yes (12)	
	<input type="radio"/> Smoking	
	<input type="radio"/> Oral tobacco Patch	

QUESTIONS FOR MOTHER:

Which of the following substances / drugs have you used during pregnancy?

- alcohol
- marijuana
- cocaine
- methadone
- heroin
- methamphetamine
- other opioids

Have you ever been diagnosed by a physician with the following conditions?

- No, I have never been diagnosed with diabetes
- Type I diabetes (juvenile type)
- Type II diabetes (adult onset)
- Gestational diabetes (pregnancy related)

Please indicate if you experienced prolonged periods of stress during your pregnancy:

- Not at all
- Yes, moderate stress
- Yes, very stressed

All in all, would you say your health is:

- Excellent
- Good
- Fair
- Poor

Height - self reported by mom

 ft inches

Pre-Delivery Admission Weight

 lbs

NEWBORN HEARING

- Type of Test: ABR OAE
- Test Results:
 - Left Ear Pass Fail Not Screened
 - Right Ear Pass Fail Not Screened
- Reason if not screened: Infant Death Parent Refusal Equipment Failure Other

Gestational Age

Birth Score Total

High Birth Score is above 99.

My baby's Birth Score, Developmental Risk Screen and Newborn Hearing Screen have been explained to me. I understand my baby may be eligible for a special service such as case management or early intervention.

RETURN COMPLETED FORM TO:

RCB HEALTH SCIENCES CENTER
 WV BIRTH SCORE OFFICE-PEDIATRICS
 P O BOX 9214
 MORGANTOWN WV 26506-9920

Parent/guardian signature

Date

Distribution Copies: BirthScore Office, Chart, Parent/Guardian

Witness' signature

Date