



WV Birth Score-Developmental Risk Screen And Newborn Hearing Screen

19131

Delivery Hospital

Mother's Last Name

Mother's First Name

Mother's Maiden Name

Mother's SS #

Payment Method
 Insurance WV Medicaid Self-Pay Other

Street Address

Infant's Last Name

Infant's First Name Infant's Birth Date / /

City

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

Parent Phone - - WV OH KY PA MD VA Other Zip Code

PRIMARY CARE PHYSICIAN/CLINIC

City

Office Phone - - WV OH KY PA MD VA Other 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:

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)

Height - self reported by mom ft inches Pre-Delivery Admission Weight lbs

NEWBORN OXYGEN SATURATION SCREENING: Pass Fail Not Screened NICU

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
 PO BOX 9214
 MORGANTOWN WV 26506-9920

Parent/guardian signature _____ Date _____

Witness' signature _____ Date _____