

# Worksheet for Out-of-Hospital Births

**Please Bring This Completed Form to Register This Child's Out-of-Hospital Birth**

<b>Child's Information</b>	First Name	Middle	Last (Birth)	
	Sex	This Birth Specify 1=Single, 2=Twin, 3=Triplet, Etc.		
	Date of Birth	Time of Birth <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	Place of Birth	Street Address		
	City	County	Zip Code	
<b>Parent's Information</b>	First Name	Middle	Last (Birth)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent
	State of Birth	Date of Birth		
<b>Parent's Information (Person Giving Birth)</b>	First Name	Middle	Last (Birth)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent
	State of Birth	Date of Birth		

**The Following is Confidential Information and Will be Used for Public Health Purposes Only**

<b>Genetic Father's Information</b>	Race (list up to 3) See Attached Race/Ethnicity Worksheet		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	Date Last Worked	
	Usual Occupation	Usual Kind of Business or Industry	Education – Years Completed	Social Security Number	
<b>Genetic Mother's Information</b>	Race (list up to 3) See Attached Race/Ethnicity Worksheet		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	Date Last Worked	
	Usual Occupation	Usual Kind of Business or Industry	Education – Years Completed	Social Security Number	
<b>Person Giving Birth's Address</b>	Residence – Street Name and Number		County		
	City	State	Zip		
	Mailing Address – If Different From Residence Address Street Name and Number or P.O. Box		County		
	City	State/Foreign County	Zip		

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# Worksheet for Out-of-Hospital Births (Continued)

**The Following is Confidential Information and Will be Used for Public Health Purposes Only**

<b>Medical Data</b>	Did Person Giving Birth Receive WIC (Womens, Infants & Children) Food While Pregnant?			
	Average Number of Cigarettes/Packs Per Day First Three Months Prior to Pregnancy		Average Number of Cigarettes/Packs Per Day First Trimester	
	Average Number of Cigarettes/Packs Per Day Second Trimester		Average Number of Cigarettes/Packs Per Day Third Trimester	
	Prepregnancy Weight in Pounds	Delivery Weight in Pounds	Height Feet	Height Inches
	APGAR Score at 1 Minute (00-10, Unknown, or Not Taken)	APGAR Score at 5 Minutes (00-10, Unknown, or Not Taken)	APGAR Score at 10 Minutes (00-10, Unknown, or Not Taken)	Date Last Normal Menses Began
	Date First Prenatal Care Visit	Month Prenatal Care Began	Date Last Prenatal Care Visit	Number of Prenatal Visits
	Obstetric Estimate of Gestation at Delivery (Completed Weeks)		Hearing Screening: (Pass (Both Ears); Refer (One Ear); Refer (Both Ears); Results Pending; Waived; Not Medically Indicated; Test Not Available)	
	<b>PREGNANCY HISTORY (Complete Each Section)</b>			
Live Births (Do not count this child)		Other Terminations (Exclude induced abortions)		
Now Living	Now Dead	Before 20 Weeks	After 20 Weeks	
Date of Last Live Birth		Date of Last Other Termination		
<b>Enter Appropriate Codes From Worksheets</b>	Principal Source of Payment for Prenatal Care	Birthweight in Grams (See attached birth weight conversion table)	Method of Delivery (See attached VS 10A worksheet)	
	Principal Source of Payment for Delivery	* Complications and Procedures of Pregnancy and Concurrent Illnesses (See attached VS 10A worksheet) <b>Enter 00 for NONE</b>		
	* Complications and Procedures of Labor and Delivery (See attached VS 10A worksheet) <b>Enter 00 for NONE</b>		* Abnormal Conditions and Clinical Procedures Related to the Newborn (See attached VS 10A worksheet) <b>Enter 00 for NONE</b>	
	* The attending physician or midwife shall complete these three fields for physician- or midwife-attended out-of-hospital births. These three fields are optional for non-physician- or non-midwife-attended out-of-hospital births.			