



Georgia Department of Human Resources
 Division of Public Health
 Georgia Birth Defects Reporting and Information System
NTD Project - Record Review Worksheet



Parent's Information

Mother's Name:	Last	First	M.I.:
Mother's Date of Birth (mm/dd/yyyy):	Mother's Medicaid No.	Father's Date of Birth (mm/dd/yyyy):	
_ _ / _ _ / _ _ _ _	_ _ _ _ _	_ _ / _ _ / _ _ _ _	
Father's Name:	Last:	First:	M.I.:

Hospital Information

Hospital (Place of birth):	Mother's Medical Record Number:	Child's Medical Record Number:
_____	_____	_____
Date of Discharge (mm/dd/yyyy):	Discharge Status:	Transfer Hospital:
_ _ / _ _ / _ _ _ _	<input type="checkbox"/> Alive <input type="checkbox"/> Transferred <input type="checkbox"/> Deceased	_____
		Date of Death (mm/dd/yyyy):
		_ _ / _ _ / _ _ _ _

Birth Attendant Information

Attendant: Last Name: _____	First Name: _____
Degree: _____	Phone: () - _____
Other Attendant: Last Name: _____	First Name: _____
Degree: _____	Phone: () - _____

Risk Factor and Other Additional Information

GBDRIS Information (Office Use Only): Person Completing Form: Last Name: _____ First Name: _____ Date of Report _ _ / _ _ / _ _	GBDRIS Information (Office Use Only) GBDRIS No. _____ Metabolic Screening: <input type="checkbox"/> Yes <input type="checkbox"/> No Birth Certificate # _____ Prenatal File: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Entered (mm/dd/yyyy): / /
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